



Every child. Every day.

Mooreville Graded School District Change A Life Mentoring Program

For Office Use Only:	Date:
Sent to Traci:	
Background Check Completed:	
Training Completed:	
Mentee Assigned:	

Application to be a Student Mentor

(Please complete and return your application to your school site coordinator or MGSD Central Office)

@ 305 N. Main Street, Mooreville, NC 28115 – Tel: (704) 658-2530
or scan to email: Nancy Mangan: nmangan@mgsd.k12.nc.us

Name: _____
(please print clearly)

Address: _____

City: _____ State: _____ Zip Code: _____

Cell: (____) _____ Home:(____) _____ Work: (____) _____

Previous Address: _____ City, _____ State: _____ Zip Code: _____

Email: _____

Place of Work or College Attending: _____ Gender: Male Female

Age Range: _____ 25-30 yrs. _____ 30-35 yrs. _____ 35-40 yrs. _____ 40 or above _____

Ethnicity: Caucasian Hispanic Other _____ Date of Birth: ____/____/____

References: Name: _____ Relationship: _____ Tel: _____

Name: _____ Relationship: _____ Tel: _____

Availability (check all that apply): _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.

Mentee Age Preference: **(Please check one and indicate time available)**

_____ **HS (Ages: 14 - 18)** School Hours: 7:30 a.m. - 2:15 p.m. Time available: _____

_____ **MS (Ages: 11 - 13)** School Hours: 7:30 a.m. - 2:15 p.m. Time available: _____

_____ **Intermediate (Ages: 9 - 11)** School Hours: 8:30 a.m. - 3:00 p.m. Time available: _____

_____ **Elementary (Ages: 5 - 8)** School Hours: 8:45 a.m. - 3:15 p.m. Time available: _____

List your special interests or talents: _____

Please tell us why you want to be a mentor: _____

Date: _____

Signature **(Please sign here)** *

* Your signature gives permission to conduct a criminal background check.