

Common Grace

MENTOR'S PERSONAL PROFILE

Please help us to know you better so we can better match you up with our Common Grace children.

Name: _____ Sex (circle): Male Female Age: _____

Church Name: _____

School Name (If High School or College Student): _____

Do you have any children (circle): Yes No If yes, how old are they? _____

Do you have any grandchildren (circle): Yes No If yes, how old are they? _____

I am interested in volunteering to become a mentor because:
My interests/skills/hobbies are:
My preferences for the child to be matched with me are (e.g., age, gender, interests, etc.): <input type="checkbox"/> No preferences
List any disabilities/physical limitations which may limit your interaction with your assigned child.
My prior experiences mentoring children are (include organizations with which you were affiliated):

AVAILABILITY					
<i>Please Mark an "X" on the days available to mentor (if specific time please let us know)</i>					
	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
Lunch Time					
After School					

<i>In the event that I am unable to meet with my Common Grace child, my substitute will be:</i>			
Name:		Phone Number:	
Is this person already a Common Grace mentor?	Yes	No	Not Sure

EMERGENCY CONTACTS	
Name:	
Phone:	
Relationship:	