

## Community Member Application: HHS Mentorship Program

Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
\* M.I.

Are you over the age of 21? \_\_\_\_\_

\_\_\_\_\_  
Place & Address of Employment

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
E-Mail

@

(\_\_\_\_\_) \_\_\_\_\_  
Work Phone

(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Languages Other than English: \_\_\_\_\_

Use 3 Adjectives to Describe Your Personality: \_\_\_\_\_

Have you ever worked with teenagers before in a mentorship capacity? \_\_\_\_\_

If yes, please briefly describe:

What are your hobbies and interests?

Are you able to commit to 30 minutes per week here at HHS to meet with your mentee during the FLEX Lunch Hour (10:45 – 11:45 a.m.)? \_\_\_\_\_ \*\*Every other week may work also. We will be flexible.

Is there any other information you would like to share?

Please mail this form to:

**Lynne Gillis**

**Huntingtown High School**

**4125 N. Solomon's Island Road**

**Huntingtown, MD 20639**