

Community Member Application: HHS LAMP Mentorship Program

PLEASE PRINT NEATLY

Date Completed: _____

Last Name _____ First Name _____ * M.I. _____

Home Address: _____

Date of Birth: _____ Are you over the age of 21? _____

Name and Address of Employer _____

Job Title _____ E-Mail _____

(_____) _____ (_____) _____

Work Phone

Cell Phone

Gender: _____ 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 return form to:

Lynne Gillis
Huntingtown High School
4125 N. Solomon's Island Road
Huntingtown, MD 20639

Gillisl@calvertnet.k12.md.us or Fax: (410) 286-4011

Please feel free to phone with questions at (443) 550-8810. Please ask for Mr. Scott McComb or Ms. Lynne Gillis. Thank you for your interest in mentoring at HHS!