

Mentor Contact Information

Name: _____

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Work _____ Home: _____ Cell: _____

E-mail: _____

Best Number to Reach you at: (Please circle) Work Home Cell

Appropriate time to contact you: _____

How did you hear about TIME? _____

Mentor Background

Length of time in business: _____

Highest Level of Education: _____

Do you have mentoring experience: Yes No

Are you able to donate 4 - 6 hours per month for 4 months? Yes No

Are you able to commit to a 4-month relationship with a client? Yes No

Are you willing to be held accountable for achieving your goal? Yes No

Are you an ASBA member? Yes No

What languages do you speak? _____

Why do you want to be a mentor? _____

What are your expectations of the mentoring program? _____

General Comments: _____

Continued on back...

