

Kittery School Department Mentor Application

Name _____ DOB _____

Address _____

City: _____ State & Zip _____

Phone: _____ Email: _____

Most recent employment? _____

Hobbies? _____

What interests you about becoming a mentor? _____

What type of experiences and talents do you have that you could share with students? _____

Grade level that you would prefer:

_____ Mitchell School grades K – 2

_____ Frisbee School grades 3 -5

_____ Shapleigh School grades 6 – 8

_____ Traip Academy grades 9 – 12

Days and times that you would be available: _____

Have you ever been convicted or had adjudication withheld in a criminal offense, or are there any criminal charges pending against you currently? (Other than a minor traffic violation)

_____ yes

_____ no

References:

Name _____ Telephone _____

Name _____ Telephone _____

Signature: Your signature indicates the information listed above is true to the best of your ability. It further indicates your willingness to comply with the rules as listed in the specific school handbook, and to respect the privacy of the student(s) and any level of confidentiality that arise with your time in the school. Thank you!

Signature: _____ Date: _____

Please email/mail this document to: Dfoster@kitteryschools.org/ OR David Foster, 7 Mitchell School Ln. Kittery Point, Me 03905