

# 2024-2025 Mentor Profile



Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I would like to receive mentoring info by email. Yes No.

Mailing Address: \_\_\_\_\_

1. Mentored in the past at: McDowell Mountain Fountain Hills Middle School Fountain Hills High School  
I'm a New Mentor

2. I would prefer to Mentor in Grade (s) (check all that apply):

K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

3. I would be willing to mentor a **2<sup>nd</sup> Student** either before or after the student I am assigned. Yes No

4. If possible, I would like to mentor with the same student (provide name of student) or teacher (provide name of teacher) as I have had in the past. Yes No.

\_\_\_\_\_

5. Date you are available to **Start Mentoring** (ex. after Sept. 1): \_\_\_\_\_

6. Day of week (time) you are available to mentor (check all that apply and add time):

Mon. (\_\_\_\_\_) Tues. (\_\_\_\_\_) Wed. (\_\_\_\_\_) Thurs. (\_\_\_\_\_) Fri. (\_\_\_\_\_) \_\_\_\_\_

7. Besides English, list other languages spoken: \_\_\_\_\_

8. Work experience and number of years in occupation: \_\_\_\_\_

9. Hobbies, family background, academic strengths, special talents or experiences that you would like to share with a student: \_\_\_\_\_

\_\_\_\_\_

10. Additional Comments and Requests: \_\_\_\_\_

\_\_\_\_\_

- I swear or affirm that all of the information provided on this Mentor Profile is true and correct.
- I give my consent to the GEEF Mentor Program to conduct a complete background check on me.
- I have received and read the GEEF Mentor Program Resource guide, and I agree to the terms, conditions, policies, and procedures contained therein.

\_\_\_\_\_  
**Mentor Signature**

\_\_\_\_\_  
**Date**

**\*\*\* Please return this form by emailing [iglezcrespo@gmail.com](mailto:iglezcrespo@gmail.com) or mail to Golden Eagle Education Foundation  
P.O. Box 17113, Fountain Hills, AZ 85269 \*\*\***