

Girls Inc. of Lynn
College Mentoring 2018-2019

Please print clearly. 😊

First Name: _____ Last Name: _____

Preferred Name: _____ Preferred Pronouns: _____

Gender: _____ Date of Birth: ____/____/____

Address: _____ City/State/Zip Code: _____

Your Cell #: (____) _____ - _____ Your Email: _____

Allergies: _____

Parent/Guardian Information:

Name: _____ Phone: _____

Relationship: _____

Email Address: _____

Name: _____ Phone: _____

Relationship: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

Email Address: _____

Schedule / Availability

This program requires a weekly commitment, mentoring meeting take place every week with the exception of a few holidays, **Tuesdays from 5:30-7:30 pm for seniors and Thursdays from 6-7pm** for juniors. The program will start in September 2018 and end in May 2019. **Please consider your other commitments (classes, work and athletics etc.). Are you available to make this commitment?**

Note: a few absences with advanced notice given to the program coordinator are permissible.

___ Yes ___ No

Please check off the appropriate boxes, of how you will come and leave the program.

Arrive to the program by	Depart the program by
<input type="checkbox"/> Already here for a different program	<input type="checkbox"/> Parent pick up
<input type="checkbox"/> Parent drop off	<input type="checkbox"/> Walk home
<input type="checkbox"/> Walk	<input type="checkbox"/> Other: _____ _____

High School Information

School Name: _____ Grade (as of Sept. 2017): Senior or Junior

Guidance Counselor: _____ Email: _____

Current GPA: _____

What types of course are you taking, select all that apply:

CP (College Prep)

Honors

AP (Advance Placement)

Disabilities: _____

Special Educational Services (such as IEP plan or 504 plan). Please describe any and all:

College Interest/Information

Major(s) of interest: _____

Career of interest: _____

Personal Interests

Are you involved in any other community activities and/or Girls Inc. Activities (Clubs, organizations, etc.)?

Name of Club/Organization	Dates of Participation

“I would describe myself as” (Check all that apply):

Talkative

Energetic

Funny

Visionary

Quiet

Laidback

Focused

Detail-oriented

Other: _____

What language(s) are you fluent in?

What do you like to do in your free time? Please check all that apply and give examples of your favorites.

Watch Movies: _____

Play video games: _____

Listen to and/or play music: _____

Read: _____

Play and/or watch Sports: _____

Art: _____

Shop: _____

Other (specify): _____

What else do you think we or your mentor should know about you?
