

blountAchieves

201 South Washington Street, Maryville, TN 37801
Phone: 865-983-2241/Fax: 865-984-1386
www.blountchamber.com/blountachieves

Mentor/Advisor Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Male: _____ Female: _____ Driver's License #: _____

Birthday: _____ Email: _____

Home Number: _____ Cell Number: _____

Employer: _____ Work Number: _____

High School of Choice: #1 _____ #2 _____

Please choose your desired role.

Advisor: Paired with 3-4 students Mentor: Paired with 1-2 at-risk students

*An advisor plays the role of the "task master," reminding students of deadlines and meetings. The mentor is a more involved role and will most likely require more time with students. Please refer to "Mentor Requirement" sheet.

Please choose one of the following training times:

_____ Monday, September 27, 2010, 5:30 p.m. – 7:30 p.m.

_____ Thursday, October 7, 2010, 5:30 p.m. – 7:30 p.m.

_____ Friday, October 8, 2010, 8:00 a.m., - 11:00 a.m.

***You must attend one training session to be a *blountAchieves* mentor.**

My signature indicates that the information I have provided is true to the best of my knowledge. I agree to allow the program to confirm all information listed and conduct a criminal records check. I have read and understand the program's responsibilities for assuming my role as a ***blountAchieves*** mentor.

Signature: _____ Date: _____

APPLICATIONS MUST BE SUBMITTED BY September 17, 2010