

Mentor Information Form

Thank you for agreeing to serve as a mentor to a RSSS senior! Please complete the information in section one and return to the school or send by the student.

Section 1: *(To be completed by mentor)*

Student Name: _____

Topic: _____

Mentor Name: _____

Address: _____

Phone (Work): _____ (Home): _____

Occupation/Title/Expertise Related to Topic: _____

Years of Experience in Topic Area: _____ Mentor Over 25: yes no

Relationship to student? *(Check appropriate response below)*

Just met Close friend of student/family Acquaintance of student/family Non-household family member

I understand the responsibility entrusted to me as a Rowan-Salisbury Graduation Project mentor. I will oversee the above student's progress during this graduation project.

Mentor Signature: _____ Date: _____

As the parent/guardian of _____, I understand his/her selection of an adult mentor should be approved by me. I understand the Rowan-Salisbury School System is not responsible for checking the background of the individual I approve. I understand the Rowan-Salisbury School System will not be held responsible for the selection of my child's mentor.

Parent/Guardian Name (Please PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____