

**Retired/Student Mentoring Program**

**Mentor Interest Form**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender M F**

 **first last**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **street town state zip**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teaching Experience: Pre/K \_\_\_\_\_Elem. \_\_\_\_Jr High \_\_\_\_\_\_ Sr High \_\_\_\_\_**

**Year you retired\_\_\_\_\_\_\_ Teaching Field(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To which IEA Retired Chapter do you belong?**

**What colleges or universities are closer to your location? (If more than one, please list):**

**Would you be open to 2 mentees if needed? Yes\_\_\_\_\_\_ Prefer not\_\_\_\_\_**

**Preferred Method of Communication - (rate most to least) (1 to 5)**

**\_\_\_\_E-Mail \_\_\_\_Phone \_\_\_\_Text \_\_\_\_Facebook \_\_\_\_Face to Face**

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

**Return form to: Tim Brinker- 487 Norwick Ln, Carol Stream, IL 60188**

**tbrinker@aol.com**

**You will be contacted around the end of October with your mentee match information, and you can begin your contacts at that time.**