



400 West Main Street, Suite 615 – Knoxville, TN 37902 – 865.215.4754 / Fax: 865.215.2002
knoxAchieves.org

MENTOR APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Male: _____ Female: _____ Driver’s License: _____

Birthday: _____ Email: _____

Home Number: _____ Cell Number: _____

Employer: _____ Work Number: _____

Business Address: _____

High School of Choice: #1 _____ #2 _____

Please choose the appropriate training time based on your school of choice:

_____ Thursday, September 10, 2009 from 5:30 p.m. - 7:30 p.m. (Austin-East, Fulton, Central)

_____ Thursday, September 15, 2009 from 5:30 p.m. - 7:30 p.m. (Halls, Powell, Carter, Gibbs, South Doyle)

_____ Saturday, September 19, 2009 from 9:00 a.m. - 11:00 a.m. (West, Bearden, Farragut, Karns, Hardin Valley)

_____ Thursday, September 24, 2009 from 6:00 p.m. - 8:00 p.m. (make-up)

**You must attend your designated training session to serve as a knoxAchieves mentor. All training sessions will be held in the Small Assembly Room of the City County Building.*

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 to conduct a criminal records check.

I have read and understood the program’s responsibilities for assuming my role as a knoxAchieves mentor.

Signature: _____ Date: _____

Applications must be submitted prior to the August 28, 2009 deadline.