# Mentor Enrollment Form

**Head Office**
Vidya School
Plot no. 3126
S Block, DLF Phase III
Gurgaon - 122002

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<thead>
<tr>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Street Address</td>
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<tr>
<td>City ST ZIP Code</td>
</tr>
<tr>
<td>Home Phone</td>
</tr>
<tr>
<td>Work Phone</td>
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<tr>
<td>E-Mail Address</td>
</tr>
<tr>
<td>Organization</td>
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<tr>
<td>Designation</td>
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Preferred mode of contact: [ ] Email [ ] Cell Phone [ ] Home Landline

Best time to contact

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<tr>
<th>Educational Qualification(s)</th>
<th>Institute/ College</th>
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<th>Work Experience (years)</th>
<th>Organisation</th>
<th>Designation</th>
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**Availability - 8:00 a.m. – 9:00 a.m.**

On which days are you available for mentoring assignments?

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday

How many hours per month can you devote
## Interests
You are comfortable mentoring (tick as applicable)

- [ ] Boys
- [ ] Girls
- [ ] Both Boys and Girls

## Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous mentoring/volunteer work, or through other activities, including hobbies or sports.

## Previous Mentoring/Volunteer Experience
Summarize your previous volunteer experience.

## Why would you like to be a Vidya Mentor
Describe in a few words as to why did you chose to enroll as a mentor with Vidya
Agreement and Signature
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a mentor, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)  
Signature  
Date

Our Policy
It is the policy of Vidya to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in mentoring with us.

MENTOR ENROLLMENT FORM

OFFICE USE ONLY:

Enrollment form number_____________ Mentor Name ___________________
Date Application Received: ___________________ Date Oriented: ___________________
Mentoring Start Date _______________ Finish Date _______________
Student Name: _____________ Class _______________ Roll number ___________________
Mentoring Start Date _______________ Finish Date _______________
Student Name: _____________ Class _______________ Roll number ___________________
Mentoring Start Date _______________ Finish Date _______________
Student Name: ______ Class _______________ Roll number ___________________
Police Check on File: Yes ______ No _________