

VIDYA-MITR Mentor Enrollment Form

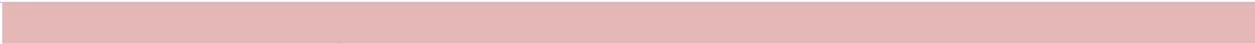


Head Office
Vidya School
Plot no. 3126
S Block, DLF Phase III
Gurgaon -122002



Contact Information

First Name _____ Last Name: _____ Gender: _____
 Street Address _____
 City ST ZIP Code _____
 Home Phone _____
 Work Phone _____
 E-Mail Address _____
 Organization _____
 Designation _____
 Preferred mode of contact Home Landline Email Cell Phone _____
 Best time to contact _____



Educational Qualification(s)	Institute/ College
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Work Experience (years)

Organisation

Designation

Availability

On which days are you available for mentoring assignments?

Monday (8 am – 8:30 am)	<input type="checkbox"/>	Thursday (8 am – 8:30 am)	<input type="checkbox"/>
(1:40 pm – 2:15 pm)	<input type="checkbox"/>	(1:40 pm – 2:15 pm)	<input type="checkbox"/>
Saturday (2 nd and 4 th) 9 am – 10 am	<input type="checkbox"/>	10 am – 11 am	<input type="checkbox"/>
11 am – 12 pm	<input type="checkbox"/>	12 pm – 1 pm	<input type="checkbox"/>

How many hours per month can you devote (minimum 2 hours per month)

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 _____