



VIRGINIA BEACH CITY PUBLIC SCHOOLS

A H E A D O F T H E C U R V E

MENTORS



I am interested in
serving as a mentor to a
Virginia Beach City
Public School student.

Growing Futures...One Student at a Time

Name: _____

Address: _____

Email: _____

Phone #: _____

Occupation: _____

Employer: _____

Preferred school or area: _____

Preferred grade level (Please circle all that apply):

Elementary

Middle

High

Preferred gender: (please circle)

Male

Female

Special interests/talents/hobbies:

Preferred days of the week: _____

Times you are available: _____

****Keep in mind that mentorship opportunities in Virginia Beach City Public Schools take place during the school day. A 30-60 minute time commitment is encouraged weekly.***

Knowing your preferences will assist us in matching you with a student.

- 1. Describe the characteristics of a student you would be interested in helping.**

- 2. In what ways do you feel you could enhance a student's life?**

- 3. What kinds of support and assistance can the program offer that will be most helpful to you?**

Please list three references:

	Name	Address	Phone	Relationship to You
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Additional Information:

Please return this form to Laura J. Smart, Partnership Coordinator,
Office of Community Relations
Virginia Beach City Public Schools
2512 George Mason Drive Virginia Beach, VA 23456
Phone: (757) 263-1337 Fax: (757) 263-1009 Email: lauraj.smart@vbschools.com