



MY TURNING POINT MENTORS

Name _____

Address _____

Phone: Home (H) _____ Cell (C) _____ Work (W) _____

Email _____

Preferred method of contact: Home Cell Work Email

Emergency Contact Name _____ Phone _____

List special interests, hobbies, and activities you enjoy: _____

Do speak any language(s) other than English? ____ If yes, which language(s)? _____

How would you like to use your experiences, skills, and talents to be a My Turning Point Mentor?

Please indicate in the table below, the dates and times that you are usually available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoon							
Evenings							