



## 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							