

Make A Difference

Mentor a Child

Larson Cub Care

Mentor Interest Questionnaire

Mentor: _____

Have you completed a background check with AISD this year? _____

Available Times:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

What grade level would you prefer to mentor: (circle all that apply)

K 1 2 3 4 5 6

What academic areas would you consider your strength area for tutoring or interest?

Why are you interested in becoming a mentor?

What do you do? (job, hobbies, interests)

Cub Care Committee Contacts

Wendy Smith

Marie Campbell

Christina Nason

Dianne Watson

Heather Shepard

Julie MacDonald

