

G I R L P O W E R M E N T O R P R O F I L E

Welcome to GIRL POWER! GIRL POWER requests the following information for its central archives and also for the GIRL POWER Statewide Office. The principal purpose for requesting this information is to verify your participation in GIRL POWER in order to provide you with the appropriate level of service and to apprise you of program related opportunities as they occur.

I. MENTOR RECORD INFORMATION

First Name _____ Middle _____ Last Name _____

GIRL POWER Site SJSU

Home Address _____

City _____ State CA Zip _____

Day Phone _____ - _____ Evening Phone _____ - _____

If necessary, may we please call you at home? Yes No E-mail 1 _____

If yes, when? Mornings Afternoons Evenings E-mail 2 _____

Shirt Size: Extra Small Small Medium Large Extra large XXL

II. SCHOOL SITE INFORMATION & PERSONNEL

School Name _____

School Address _____

City _____ State CA Zip _____

School Phone Numbers: Voice _____ - _____ Fax _____ - _____

School Principal _____

When is the best time to reach you at school? Mornings Afternoons

Prep Period: _____ Time: _____

III. EMERGENCY INFORMATION

IN CASE OF AN EMERGENCY, CONTACT:

First Name _____ Middle _____ Last Name _____

Home Address _____

City _____ State CA Zip _____

His/Her Relationship to you _____

Day Phone _____ - _____ Evening Phone _____ - _____

C O N T I N U E O N R E V E R S E

