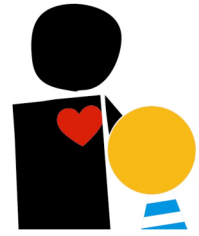


Northside Independent School District

HERO Mentor Application



Date _____

Name _____

Address _____

Department _____ Building _____

Phone number(work) _____ Home _____

Email Address _____

T-shirt Size: (circle one) Small Medium Large Extra Large

Days you are available (please circle) M T W TH F

Hours per week you can mentor _____

Best Time for you? _____ 8 a.m. _____ NOON _____ 3 p.m.

I want to mentor with a work buddy. My buddy is _____.

