

Hudson Reads

Power Lunch Reading Mentor Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Gender: M F

Work Information:

Name of Company _____

Address _____

Phone _____ Supervisor _____

Please list any special skills, interests, or languages:

Please provide two references (business and personal):

1. Name _____ Phone _____

2. Name _____ Phone _____

Mentoring Information:

I am interested in reading at: M.C. Smith Elementary School

I would prefer to read to a: Girl Boy No Preference

Days available (circle all that apply): MON TUES WED THURS FRI

If you heard about Power Lunch through a friend or colleague, please list their name: _____

Please initial and sign below that you understand the Program Policies (below) and agree to adhere to them:

I agree to abide by all the policies of the Hudson City School District.

I will represent my community and Hudson Reads with professional demeanor.

I will inform Hudson Reads if there is a change in my schedule, employment, or contact information.

I give Hudson Reads permission to use my picture in a variety of media efforts.

Signature _____ Date _____