

GRADUATION PROJECT MENTOR QUALIFICATION FORM

(Please print)

Student Name _____ GP Advisor _____

Mentor Name _____

Home Address _____

Business Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

- Is your mentor at least 25 years of age? Yes No
- Is your mentor related to you? Yes No

Hours, methods and days the GP Advisor/English teacher may contact mentor:

In a few sentences, please describe your mentor's qualification and/or background in the field in which you will be working. (Please attach a business card if available.)

Describe all of the ways that you anticipate your mentor will help you in accomplishing your project (i.e. reading your research paper rough draft, teaching you a skill, monitoring the progress of you project, listening to your speech, etc.).

I am aware that my child has chosen _____ to be his/her mentor. I understand that my student will work with this mentor. I agree to indemnify and hold harmless the Wake County Board of Education, its officer, agents, employees or volunteers from any injury that may result from participation in the Graduation Project.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

To be completed by Graduation Project Steering Committee

Approved

Denied

Clarification Needed