

**SEAFORD SCHOOL DISTRICT MENTORING PROGRAM:**

**MENTOR APPLICATION**

Name: \_\_\_\_\_

Building: \_\_\_\_\_

Grade/Subject: \_\_\_\_\_

NYS Certifications Held: \_\_\_\_\_

School Year: \_\_\_\_\_

I am interested in becoming a mentor because:

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I would be a effective mentor because:

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Signature: \_\_\_\_\_