



Registration Form

Date	
Contact Information	
First Name	Last Name
Organization	
Address	
City and State	Zip Code
Email	
Phone Number	
Preferred contact	
Interests (check all that apply):	
<input type="checkbox"/> Starting a Program <input type="checkbox"/> Program Support <input type="checkbox"/> Training <input type="checkbox"/> Other (please specify) _____	
Mentoring Model (check all that apply):	
<input type="checkbox"/> School-Based <input type="checkbox"/> Faith-Based <input type="checkbox"/> Community/Site-Based <input type="checkbox"/> Other (please specify) _____	
How did you hear about us?	
<input type="checkbox"/> Social Media (Facebook, Twitter, etc.) <input type="checkbox"/> Website <input type="checkbox"/> Newsletter <input type="checkbox"/> Other (please specify) _____	
Would you like to sign up for the newsletter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your program and how Mentor Kansas can support your work:	
<p style="text-align: center;">Please email completed form to: mentor@ksde.org</p>	