



Registration Form

Date			
Contact Information			
First Name		Last Name	
Organization			
Address			
City and State		Zip Code	
Email			
Phone Number			
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:			
Please email completed form to: mentor@ksde.org			