

Mentor Information Sheet



Leadership
Lorain County
LLCIP
Leadership Lorain County Internship Program

Name

Company

Interested in mentoring:

- _____ Signature Class H.S. Participant
 _____ LLCIP Summer Intern (College Students)
 _____ Both

Are you affiliated with Leadership Lorain County? How?

Preferred Contact Information

Phone:

E-mail

Background Information:

Major/Degree/Field of Study

College Attended

Profession

Interests

Are you willing to let an Intern/H.S. Student Shadow at your place of employment?

- _____ Yes _____ No

Best time/day for contact:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Signature

Date
