

Lunch Buddy Program
New Adult Mentor

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

(It helps to have numbers to contact you in case your "buddy" is absent)

Email: _____

How did you hear about the Rose Hill Elementary Lunch Buddy Program?

Why are you interested in becoming a Lunch Buddy Mentor?

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As a community member what strengths do you feel you will contribute to positively impact this program?

