

**Alisal High Health Careers Academy**  
Mentor Questionnaire

**Name** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Company name and address :**

\_\_\_\_\_

\_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Home address and phone #**

\_\_\_\_\_

\_\_\_\_\_

*(Please note which address you would like your mail sent)*

**Education:**

**Hobbies/ Interests:**

**Any additional information you would like to add:**

Thanks for participating in our program!

**Mentor Release Form**

Authorization for release of confidential information for the Alisal High Health Careers Academy Mentor Program at Alisal High School.

I understand that it will be necessary for the Health Academy of Alisal High School to investigate my background. I hereby give my consent for this information exchange and authorize the release of any information requested by the Health Academy Program. I understand that the agencies to be contacted may include employers, courts, police, social services, and any other person or agencies with whom I have had contact.

\_\_\_\_\_  
**Signature of Mentor**

\_\_\_\_\_  
**Date**