

**Illinois Association of School Nurses Foundation  
OFFER TO SERVE AS MENTOR**

**Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
\_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Educational background:** \_\_\_\_\_

**Years of experience as PEL-CSN:** \_\_\_\_\_ **IASN Division** \_\_\_\_\_

**Job Title of Current Nursing Position:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **School District #:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Population Served and/or Focus of Practice (grades, populations, special programs):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check all you have had experience with:**  
 early childhood     elementary     middle school  
 high school     special education center     supervisor

**Areas of Interest:**  
\_\_\_\_\_  
\_\_\_\_\_

**Goals as a Mentor:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_