Mentoring Initial Inquiry Form

Return this form to: intakes@echelonservices.org or fax to 877-203-9588

City: _____State: _____ County: _____

# of children in need of service: _____ (All mentoring sessions are conducted individually)

Main Language Spoken: _____

Childs Name	Grade	Age	Reasons Mentor Requested

How long will services be needed (if not sure, leave blank): _____

Preferred start date (Actual start date will be based on availability): _____

Child(ren) Name	Preferred Gender of Mentor (male, female or no preference)	How many days per week (List days if known)	How many hours per session (List times if known)

Additional Information: _____

_____

Parent(s) Name(s): _____

Phone Number(s): _____

Parent Name and Email Address (For invoicing):

Name: _____

Email Address: _____

How did you hear about us?: _____

Were you working with an Echelon Services' New Client Recruiter? ___Yes or ___No

If Yes, put recruiter's name here:_____

*****Office/Administration Use Only***

Recruiters Must Complete This Section Before Sending To Office

Recruiter's Name (If applicable): _____

Company Email Address: _____

Date Inquiry Form Submitted to Office: _____

Intake Fees: _____