



Retired/Student Mentoring Program

Mentor Interest Form

Name _____ Gender M F
last first initial

Address _____
street town state zip

Phone ____/____/____ E Mail Address _____

Teaching Experience ____Elem. ____Jr High ____Sr High

Year you retired _____ Teaching Field(s) _____

Are you an IEA Retired Member? _____

Do you belong to an IEA Retired Chapter? _____ If so, what chapter?

What state college or university is close to your location? If more than one, please list:

Preferred Method of Communication - (rate most preferred to least) 1 to 5

____ E-Mail ____ Phone ____ Text ____ Facebook ____ Face to Face

Signature _____ Date ____/____/____

Return form to: Linda Walcher, 617 W. Apple St., Freeburg, Il, 62243 ,
618-210-2669, lindyloo50@aol.com.