

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

Name: _____ **Credentials:** _____

Address: _____ **Home Phone:** _____
_____ **Cell Phone:** _____
_____ **Personal E-mail:** _____

Educational background: _____

Years of experience as PEL-CSN: _____ **IASN/NASN #** _____

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:** _____