

ISLAMIC GIRLS DEVELOPMENT FOUNDATION

MENTEE REGISTRATION FORM

LAST NAME: _____ FIRST NAME: _____

FORM: _____ PROGRAM: _____ HOUSE: _____

CONTACT NO.: _____ EMAIL: _____

WHY DO YOU WANT A MENTOR? : _____

WHAT ARE YOUR CAREER/PROFESSIONAL GOALS? _____

WHAT ARE YOUR AREAS OF INTEREST?? _____

WHAT ARE YOUR EXPECTATIONS? _____

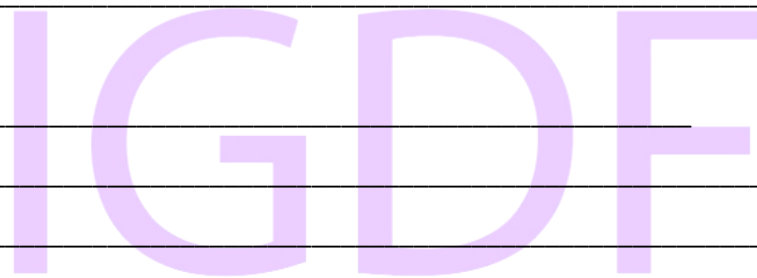
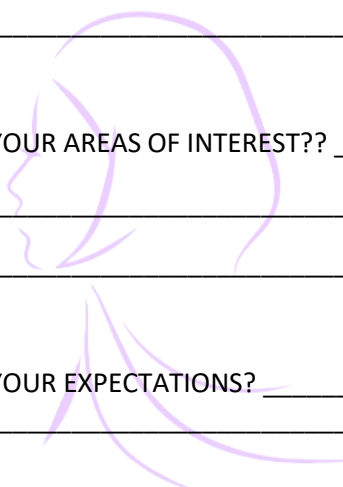
SIGNATURE _____ DATE: _____

PARENTAL CONSENT

I _____ AS THE PARENT/GUARDIAN OF _____

_____ CONSENT TO HER BEING SIGNED UP AS A MENTEE ON THE MENTORSHIP PROGRAM OF WGHS MUSLIM GIRLS' MENTORSHIP FORUM.

SIGNATURE: _____ DATE: _____



Islamic Girls Development Foundation

Mentorship • Growth • Impact