

MENTORING PROGRAM REQUEST FORM

Please use this form to enroll in CSLA's Mentoring Program. Print the form, fill in the requested information, and mail or fax to:

CSLA
10157 SW Barbur Blvd. #102C
Portland OR 97219
Fax: (503) 977-3734
E-Mail: csla@worldaccessnet.com

If you have questions, please contact the CSLA office by phone at 1-800-LIB-CSLA (542-2752) or (503) 244-6919 or by e-mail

Name: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Church/Synagogue/Congregation Name: _____

The following information will assist in the mentor matching process:

Your library experience: _____

Faith/denomination affiliation? _____

Size of the congregation: _____

How long has the library been established? _____

Approximate number and types of items in the library? _____

(If requesting a mentor) I need a mentor to help with: _____

(If volunteering as a Mentor) I can assist with: _____

I am (check one): () a CSLA Member () not a CSLA Member

() I would like to have a New Member Information Packet mailed to me.