



Advisor Mentoring Program Form

YES, I am interested in being a mentor!

Name: _____
School: _____
School Address: _____
School City, State Zip: _____
School Phone Number: _____
School Fax Number: _____
Home Phone Number: _____
Cell Phone Number: _____
Email Address: _____

What program do you teach? _____
How long have you been teaching? _____
How long have you been a SkillsUSA advisor? _____

Thank you for your assistance!

Mail to: SkillsUSA Michigan
Eastern Michigan University
Ypsilanti, MI 48197
734-487-3889

Fax to: 734-487-4329
Email to: tbrown51@emich.edu