



Mentor Application

GENERAL INFORMATION

Name: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Alternate Contact: _____

This can be a cell, email, or person

Marital Status: Single Married Divorced Separated

Children: Yes No N/A

Child Name: _____ Age: _____

Child Name: _____ Age: _____

EMPLOYMENT INFORMATION

Occupation: _____ Employer Name: _____

Title: _____

Work phone: _____ Fax: _____

Email: _____

Length of employment: From _____ to _____

Name of Supervisor: _____ Title: _____

MENTORING INFORMATION

Why do you want to be a mentor?

Do you have any previous experience volunteering, mentoring, or working with youth?

Do you have any hobbies or special skills?

What support or resources would you need to be successful as a mentor?

As a youth, did you have a mentor? What was successful and challenging about being mentored?

Availability:

Please read this carefully before signing:

By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment to my mentee(s).

Signature: _____ Date: _____