



# 2017-2018 Mentor Application

Full Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Level of Education/Degree: \_\_\_\_\_ Languages Spoken/Degree of Fluency: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Gender: ☐ Female ☐ Male

Why are you interested in becoming a mentor?

What are the strengths you bring to a mentoring relationship (volunteer experience, passions, skillsets, etc)?

What are three words that best describe you?

What are some of your hobbies/interests? Please check all that apply.

☐ Crafts ☐ Music ☐ Fishing ☐ Computers ☐ Cooking ☐ Reading ☐ Art ☐ Biking ☐ Camping

☐ Board Games ☐ Physical Fitness ☐ Fashion ☐ Movies ☐ Sports – please list: \_\_\_\_\_

What were your subject strengths in school? Please check all that apply.

☐ Mathematics ☐ Reading/Language Arts ☐ Science ☐ History ☐ Other (please specify) \_\_\_\_\_

Can you commit to meeting with your mentee **4 hours per month for the duration of the school year**?

☐ Yes ☐ No

Is there anything else you would like us to know about why you think you would be a good mentor?

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Do you have an idea for your triangular mentorship project budget of \$1400 from \$700 donation? Please share a few details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References: Identify at least 3 people unrelated to you, whom you have known for at least 1 year.**

Name	Email & Phone Number	Business	Years Acquainted

**Availability:**

Please indicate which day(s) of the week would be best for you to meet with your mentee and what time(s) would be most convenient with your schedule. Mentoring may take place during the school day, after school and/or on weekends as long as the mentor and mentees can all agree. Check all available days/times:

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_

Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

**Circle Preferred Times:**

8:00am 9:00am 10:00am 11:00am 12:00pm 1:00pm 2:00pm 3:00pm 4:00pm 5:00pm After 6:00pm

Would you be willing to work with a child who has disabilities? \_\_\_\_\_

What qualities, if any, would you like in a mentee? \_\_\_\_\_

**List any relevant volunteer involvement:**

Month & Year	Name & Address of Agency or Organization	Volunteer Role & Responsibilities	Immediate Supervisor and Phone Number
From:  To:			

**Applicant Signature:** Please read the following and indicate your understanding and acceptance by signing.

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal or removal from the program.

\*I understand that Mentors3 may check a variety of sources for any criminal history, in accordance with applicable law.

Please sign and date: \_\_\_\_\_