



MENTOR APPLICATION

Name: _____ Date: _____
(Print)

Date of Birth: _____ Home Phone: _____ Cell: _____

Address: _____
Street Address City State Zip Code

What type of experience do you have working with youth? _____

List the reasons you are interested in serving as a mentor _____

What age group would you be interested in mentoring? (circle all interests)

Elementary Middle School High School Young Adult

May we contact your employer for a reference? YES ___ NO ___ Not employed ___

Employer: _____

Contact Person: _____ Phone: _____

Address City State Zip Code

I attest that all these statements made as part of this volunteer application are true to the best of my knowledge.

Signature _____ Date _____

<i>For Office Use Only:</i>	
References Received 1 ___ 2 ___ 3 ___	Background Check Received on _____
Approved: _____	Drug Screening Received on _____
Assigned to: _____	on _____ (date)