



The Mentorship Program, Inc.

Buffalo/Niagara
P.O. Box 405
Buffalo, NY 14215

MENTOR APPLICATION

NAME: _____ Email address _____

ADDRESS: _____ Date of Birth _____

_____ Male Female

Number of Children _____ Ages _____

How many Mentees would you like to mentor? 1 _____ or 2 _____

Occupation: _____

Employer: _____

Business Address: _____

College Attending: _____ City _____

Home Phone # _____ Business Phone# _____

Current Position: _____

Previous employer (within last 5 years) _____

Educational Background (school, degrees and dates) _____

How did you here about the mentorship program? _____

Have you ever been a mentor with any other coalition or agency? _____

Have you been involved in any other programs/activities involving families and mentoring?

(Explain) _____

Why do you want to become a mentor? _____

How long a commitment could you give to mentoring? _____

How much time would you be able to offer on a weekly basis?

1-2 hours 2-3 hours 3-4 hours more than 4 hours

Do you have any special qualities, talents or interests that could be helpful in the program?

Have you ever been charged/indicted for child abuse? No Yes: If yes please explain: _____

***Do you give The Mentorship Program, Inc. permission to run a child abuse registry background check (only)? Y___ N___**

Do you any disabilities that might affect your involvement? (If so, briefly explain) _____

Do you have a preference (age, sex, other) for the adolescent you would like to work with? _____

Do you speak any language(s) other than English? No Yes (please list) _____

REFERENCES: List two (2) references and one character reference that have known you for at least one (1) year whom we may contact. One of these references must be your employer (if larger company, your supervisor). Please give complete addresses and phone numbers. References will be contacted by mail or phone, and remain completely confidential. Other examples of reference might be: friends, teachers, professors, fellow co-workers, and/or clergy.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

AFFIRMATION:

The above information is true to the best of my knowledge. I grant permission to verify my employment and contact references provided.

Signature_____Date_____

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Approved by:_____ Title_____

Date: _____

Date letter sent: _____

President Initials: _____