



## Mentor Application

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work /Cell Phone \_\_\_\_\_

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

Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

List any languages you speak besides English? \_\_\_\_\_

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### Mentoring Information

Why do you want to be a mentor? \_\_\_\_\_

\_\_\_\_\_

What types of issues do you think young people today need the most help with?

\_\_\_\_\_

\_\_\_\_\_

What areas are you strong in academically? \_\_\_\_\_

\_\_\_\_\_

What was your own educational experience like?

\_\_\_ Excellent    \_\_\_ Good    \_\_\_ Fair    \_\_\_ Not Good

(Continued)

**How will your own educational experience help you in working with your mentee?**

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**What other strengths / gifts do you possess?** \_\_\_\_\_

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**What are your personal interests?** \_\_\_\_\_

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**What types of activities would you like to do with your mentee?** \_\_\_\_\_

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**Our meetings are scheduled every \_\_\_\_\_ afternoon from \_\_\_\_\_ to \_\_\_\_\_.  
Will you be able to meet at these times?    \_\_\_ Yes \_\_\_ No**

**Briefly list any traits / characteristics that you may be looking for in a mentee (i.e. athletic, likes to work with hands, loves to read, adopted, single parent home...).**

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***The only way for this program to be successful is to have consistent interactions between mentors and mentees. As part of this program we ask that you meet with your mentee at least 2x a month outside of regular meeting times. Will you be able to fulfill this requirement?    \_\_\_ Yes    \_\_\_ No***

**If no, please explain:** \_\_\_\_\_

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**Is there any information that was not asked for in this application that you feel we should know prior to your involvement?**

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By signing below, you attest to the truthfulness of all information listed on this application. You understand the responsibilities of being a mentor in the *NEXT LEVEL* program and agree to act responsibly and ethically in all situations with your mentee as well as members of the program staff. If at any time you desire to discontinue working with your mentee or the program altogether you agree to contact Mr. Gregory, program director, before taking any action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date