

# ⊕ THE CENTER FOUNDATION ⊕



## MENTOR APPLICATION

Please check area of interest

WomenCare

YPSN

TeenCare

Please complete this form if you might be interested in serving as a friend, resource and example to a woman in our mentoring program. Upon receipt of your application, The Center Foundation will contact you to schedule a personal interview. **All of the information on this form will be kept CONFIDENTIAL and used only for the purpose of determining eligibility for the mentoring program and matching you with a mentee.** Thank you for applying!

### PERSONAL INFORMATION

Name			
Date of Birth		Social Security #	
Address		City	State
			Zip
Home phone#		Work phone#	
Cell Phone#		Best number and time to contact you?	
E-mail		<input type="checkbox"/> Single/Never married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Do you have children? Yes/No		Ages and sex of children?	
How did you learn about this program?			

1) What is the highest level of education you have completed?

- |  |   |
|--|---|
| <input type="checkbox"/> 8th grade or less           | <input type="checkbox"/> 2 year college degree (A.A.)                     |
| <input type="checkbox"/> Some high school            | <input type="checkbox"/> 4 year college degree (B.A., B.S. or equivalent) |
| <input type="checkbox"/> High school diploma         | <input type="checkbox"/> Some graduate credit                             |
| <input type="checkbox"/> GED                         | <input type="checkbox"/> Master's degree (M.A., M.S. or equivalent)       |
| <input type="checkbox"/> Some college, but no degree | <input type="checkbox"/> Doctoral degree                                  |

2) Are you currently employed?  Yes  No

What is your occupation?

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3) Are you currently involved in any volunteer work?  Yes  No

If yes, what kind?

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4) Do you have any experience (paid or volunteer) with career counseling or mentoring?

Yes  No

If yes, please describe.

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5) Why do you think you would be a good mentor?

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6) What do you hope to gain from being a mentor?

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### REFERENCES

Please list three people whom you know well as references (Please **NO** relatives).

Please include, if possible:

1. A current or past supervisor
2. An associate from a volunteer activity
3. A long-time friend or co-worker

Name	Relationship	Years Known	Mailing Address, daytime phone #, email

### AUTHORIZATION

The information given in this application is accurate to the best of my knowledge. I authorize The Center Foundation to contact the above references.

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Signature

Date

**PLEASE RETURN THIS APPLICATION TO THE CENTER FOUNDATION  
601 CLIFTON AVE.  
SHARON HILL, PA 19079  
  
(PHONE) 610-565-6171  
(FAX) 610-514-9849**