



PARTNER APPLICATION

If you are interested in having a mentor, please complete this application and mail it to **The Center Foundation** - A division of The Center Foundation, 601 Clifton Avenue, Sharon Hill, PA 19079

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 mentor. Thank you for applying!

PERSONAL INFORMATION

| | | | |
|--|--|-------|-----|
| Name | | Age | |
| Date of Birth | Social Security # | | |
| Address | City | State | Zip |
| Home phone # | Work phone # | | |
| What is the best time to reach you by phone? Best number? | | | |
| <i>If no phone:</i> name and # of contact person: | | | |
| Cell phone # | E-mail | | |
| Marital Status | <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? <input type="checkbox"/> Yes <input type="checkbox"/> No | What are their sex and ages? | | |
| How did you learn about WomenCare? | | | |

1) Do you...

- Rent a house/apartment
- Live with friends or family
- Own a house/condominium
- Live in a shelter or transitional housing (Through what program? _____)

2) Are you currently in school or job training? Yes No

Name of school or job training _____

3) Are you currently employed? Yes No

If yes, please list employer and job title _____

If no, what jobs have you held in recently? _____

(Over)

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

- 8th grade or less
- Some high school
- High school diploma
- GED
- Some college, but no degree
- 2 year college degree (A.A.)
- 4 year college degree (B.A., B.S. or equivalent)
- Some graduate credit
- Master’s degree (M.A., M.S. or equivalent)
- Doctoral degree

5) What is your monthly income? _____

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

If yes, what kind?

7) What do you hope to get out of having a mentor?

8) What personal goals do you hope to accomplish within the next few years?

PERSONAL REFERENCES

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

| Name | relationship | Yrs known | Address, phone, email |
|------|--------------|-----------|-----------------------|
| | | | |
| | | | |
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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.

Signature

Date

WomenCare is a program of The Center Foundation

Web: www.thecenterfoundation.org

Email: Jane@thecf.org

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