



PARTNER APPLICATION

If you are interested in having a mentor, please complete this application and mail it to **The Center Foundation**, 300 W. State St., Suite 304, Media, PA 19063. You may also fax the form to: 610-565-3684.

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	Single/Never Married	Married	Separated
Widowed			Divorced
Do you have children?	Yes	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 | 2 year college degree (A.A.) |
| Some high school | 4 year college degree (B.A., B.S. or equivalent) |
| High school diploma | Some graduate credit |
| GED | Master's degree (M.A., M.S. or equivalent) |
| Some college, but no degree | 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

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

Revised 8/12