



MENTOR APPLICATION

Please check area of interest

- WomenCare YPSN

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?

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

If yes, what kind?

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

- Yes No

If yes, please describe.

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

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

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

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

PLEASE RETURN THIS APPLICATION TO THE CENTER FOUNDATION
220 NORTH JACKSON STREET
SECOND FLOOR
MEDIA, PA 19063
(PHONE) 610-565-6171
(FAX) 610-565-3684

WomenCare and YPSN are programs of The Center Foundation
Web: www.thecenterfoundation.org Email: mail@thecf.org

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