



## MENTOR PARTNER APPLICATION

If you are interested in having a mentor, please complete this application and mail it to **The Center Foundation**, 220 North Jackson Street, Second Floor, 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		
Daytime phone #	Evening phone #	
What is the best time to reach you by phone?		
If no phone: name and # of contact person:		
Fax #	Pager or cell phone #	
E-mail		
Marital Status	? Single ? Married ? Separated ? Divorced ? Widowed	
Do you have children? ? Yes ? No	What are their ages?	
How did you learn about this program?		

#### 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? \_\_\_\_\_

**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.

Name	Relationship	Years Known	Phone # (Daytime)

**AUTHORIZATION**

I authorize The Center Foundation to contact the above references.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**