

# MENTOR APPLICATION

Date:

First Name:

Middle Initial:

Last Name:

Maiden Name:

Job Title:

Company Name:

Work Address:

City:

State:

Zip:

Work Phone:

Email:

Gender:

Date of Birth:

Social Security #:

Current Home Address:

City:

State:

Zip:

County:

Home Phone:

## Questions:

1. Why do you want to take part in this program?

2. Have you ever worked with youth? (Yes/No)

If yes, in what capacity?

3. What do you do for your current employer?

## The Fine Print:

I want to serve as a mentor in The Dollhouse Mentoring Program. I understand that a background check will be conducted. By signing below, I authorize District 186 to complete this check and agree to all program guidelines.

Printed Name:

Signature:

Date: