

# Workplace Mentoring Program

## Mentor Application

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_ Language(s) spoken \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone \_\_\_\_\_ Home E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

### Workplace Mentoring Survey:

Please complete all the following. This survey will help us know more about you and your interests and assist in the matching process.

1. Write a brief statement on why you wish to be a mentor in the program:

2. Describe your professional background, including all certifications, credentials, etc.

3. How/why did you choose this field?

### Please check all activities you are interested in:

- |                                  |                                       |                                      |                                      |                                   |
|----------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Biking  | <input type="checkbox"/> Camping      | <input type="checkbox"/> Science     | <input type="checkbox"/> Cooking     | <input type="checkbox"/> Library  |
| <input type="checkbox"/> Hiking  | <input type="checkbox"/> Boating      | <input type="checkbox"/> Music       | <input type="checkbox"/> Sports      | <input type="checkbox"/> Yoga     |
| <input type="checkbox"/> Golf    | <input type="checkbox"/> Swimming     | <input type="checkbox"/> Gardening   | <input type="checkbox"/> Parks       | <input type="checkbox"/> Movies   |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Animals/Pets | <input type="checkbox"/> Photography | <input type="checkbox"/> Board Games | <input type="checkbox"/> Shopping |

List any other areas of strong interest:

### Mentor Personal References

Please provide two personal references (other than family members):

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_