

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 _____