



# MENTOR APPLICATION



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home or Office (circle one) Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Workplace (if applicable): \_\_\_\_\_

Emergency contact name and phone #: \_\_\_\_\_

Gender (please check one): Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnicity (please check one): African American \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian \_\_\_\_\_

Hispanic \_\_\_\_\_ Other \_\_\_\_\_

## **Education/Experience:**

**Please check highest level of education:** High School /GED \_\_\_\_\_ Certificate Program \_\_\_\_\_

Associate's Degree \_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Master's Degree \_\_\_\_\_ Higher \_\_\_\_\_

Languages you speak other than English \_\_\_\_\_

Other Experience \_\_\_\_\_

## **Why are you interested in being a mentor?**

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**List other volunteer experience, if any:**

<b>Organization</b>	<b>Position</b>	<b>Dates</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Days you are available to be a lunch buddy:** \_\_\_\_\_

**Times you are available to be a lunch buddy** (*ex. Do you have a specific time frame or can you serve anytime from 10:30 am – 1pm?*): \_\_\_\_\_

**School Preference (circle one):**

Arndt          Grandview          Jacob's Fork          Maiden          Mill-Creek  
Newton-Conover          Northview          River Bend          No Preference

**To assist in matching you with a student, please list three of your interests, hobbies, skills, or favorite things to do:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

By signing this application, I commit to serving as a Lunch Buddy Mentor.

\_\_\_\_\_  
**Applicant's Signature**

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

**FOR OFFICE USE ONLY:** Ret/New: \_\_\_\_\_  
I&O: \_\_\_\_\_ Mentor Application: \_\_\_\_\_ BGC Application: \_\_\_\_\_ BGC Approved: \_\_\_\_\_  
MS: \_\_\_\_\_ Student: \_\_\_\_\_ Grade: \_\_\_\_\_