

Name \_\_\_\_\_

Company Name and Title \_\_\_\_\_

Email address \_\_\_\_\_

Preferred phone number \_\_\_\_\_

Alternate phone number \_\_\_\_\_

Areas of expertise \_\_\_\_\_

How many months can you commit? (circle one) 4 8 12

Why would you like to participate in the mentor program? \_\_\_\_\_

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Please provide two references, one personal and one professional \_\_\_\_\_

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Have you ever been denied the opportunity to be a counselor or mentor, whether volunteer or paid? Yes/No If yes, please explain \_\_\_\_\_

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Have you ever been convicted of a felony? Yes/No If yes, please explain \_\_\_\_\_

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Do you have any suggestions for the mentoring program? \_\_\_\_\_

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