

Aquidneck Island Mentoring

Community Mentor Application

BCI	_____
FP	_____
TRNG	_____
SCHL	_____
SO CK	_____

**Please forward signed documents with a photocopy of your driver's license to:
Nichole Lewis PO Box 1274, Newport, RI 02840**

Name of Applicant: _____ Date of Birth: _____

Home Address _____ City _____ State _____ ZIP _____

How long at current Address _____ Home Phone: _____ E-mail Address: _____

Previous Address _____ City _____ State _____ ZIP _____

Business Name & Address: _____

Work Phone (ext.): _____ Fax: _____ E-mail Address: _____

Current Position Title: _____

Days and times available: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Do you prefer working with: Boy Girl No preference Grade level(s) K-4 5-8 No preference

Current job responsibilities: _____

Description of career background and skills: _____

Have you ever worked with children before? Yes No If yes, in what capacity? _____

Please describe any special interests that may be helpful in matching you and your mentee (i.e. stamp collecting, roller skating, computers, football, music, painting, etc.):

Please briefly explain why you would like to become a mentor: _____

How did you hear of our program? _____

Additional information or comments _____

(over)

References: (Other Than Family Members)

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Please list your last three places of employment, beginning with the most recent:

Company Name: _____ Dates: _____

Contact Name: _____ Phone: _____

Company Address: _____

Company Name: _____ Dates: _____

Contact Name: _____ Phone: _____

Company Address: _____

Company Name: _____ Dates: _____

Contact Name: _____ Phone: _____

Company Address: _____

May we contact the above companies for a reference? Yes No

I understand that the mentoring takes place on school grounds, during school hours. I understand that this is a voluntary program and that The Rhode Island Mentoring Partnership reserves the right to disqualify any applicant at their own discretion.

Applicant's signature: _____ Date: _____