

RI Mentoring Partnership

BCI	_____
FP	_____
TRNG	_____
SCHL	_____
SO CK	_____

Community Mentor Application

**Please print and forward signed documents with a photocopy of your driver's license to:
RI Mentoring Partnership 3296 Post Road Warwick, RI 02886**

Name of Applicant _____ Date of birth _____

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

Business Name & Address _____

Work phone (ext.) _____ Fax _____ E-mail address _____

Current position title _____

What community/program would you like to mentor in? _____

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

Do you prefer working with: Boy Girl No preference

What grade level(s): K-6 7-8 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 which 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. _____

Additional information or comments _____

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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.

Applicants signature _____ Date _____