

WARWICK **M**ENTOR PROGRAM  
Community Mentor Application

BCI	_____
FP	_____
TRNG	_____
SCHL	_____
SO CK	_____

**Please forward signed application with a photocopy of your driver's license to:  
Pamela Sherman Warwick Mentor Program 3296 Post Road Warwick, RI 02886**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Number of years at this address \_\_\_\_\_

Previous Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

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

Current Position Title: \_\_\_\_\_

I would like to participate as a traditional school based mentor, spending one hour a week in a school setting, building a one-to-one relationship with a student who needs a positive role model.

I would like to participate as a literacy mentor with a student in grades K-4 working to enhance their reading skills, increase comprehension and help them to develop a love of reading. With just a half hour or so of the regular mentoring session dedicated to the "interactive read aloud".

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 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 \_\_\_\_\_

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.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_