



BCI	_____
FP	_____
TRNG	_____
SCHL	_____
SO CK	_____

CRANSTON MENTOR PROGRAM

*Please forward signed application with a photocopy of your driver's license to:
RI Mentoring Partnership 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: _____

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

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 _____

RI Mentoring Partnership

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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.

Applicant's signature: _____ Date: _____