



## Mentors For Kids Mentor Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### DEMOGRAPHICS

Gender: Female  Male

Date of Birth: \_\_\_\_\_

Race/Ethnicity: American Indian/Alaska Native  Native Hawaiian/Pacific Islander   
Asian  White   
Black/African  Latino/Hispanic   
Other

Marital Status: Civil Un  Married  ion  Widowed  Divorced  Never Married

Are you a parent/legal guardian? Yes  No

Have you ever, in the past, been a youth mentor? Yes  No

Primary reason for becoming a mentor: to give back to the community

I had a positive experi  ence w/ a mentor as a child

organization community service project

I wanted experience for career or education

workplace volunteer opportunity

\_\_\_\_\_ (Other: (specify

\_\_\_\_\_

How did you learn about our program: \_\_\_\_\_

\_\_\_\_\_





## COMMUNITY INVOLVEMENT

Please list any community organizations or clubs you belong to:

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Please list/describe any previous experience you have working with children (volunteer or professional):

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## INTERESTS

Tell us about your personal interests. What are some things you like to do in your free time? What are some things you would like to explore in the future? What kind of music do you listen to? What are your favorite television shows? Etc...

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## THANK YOU FOR APPLYING !

I hereby state that all of the information provided in this application is true to the best of my knowledge.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE RETURN TO:

Wendy Ellis, Linking Learning to Life, 52 Institute Road, Burlington, Vermont 05401  
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