Rhode Islanders Sponsoring Education

Mentor Application

Name of Applicant_____ Date of birth _____

Race/Ethnicity _____ Do you speak a foreign language?
_____

Address_____

City_____State_____Zip_____Home Phone_____Cell_____

E-mail Address: _____

Mailing Address (If different than above) _____

City_____State_____Zip_____Home Phone_____Cell_____

Business Name & Address_____

Work phone (ext.)_____ Fax _____

Title_____

Days available for mentoring: Mon.___ Tues. ___ Wed. ___Thurs.___ Fri. ___Sat. ___Sun. ___
Afternoons Evenings

What age group are you most comfortable working with? 6-7years 7-10 years 10-12 years
12-14 years high school Scholarship student no preference

Current job responsibilities_____

_____

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. athletics, reading, computers, writing, music, painting, etc.).

_____

_____

Please briefly explain why you would like to become a RISE mentor_____

_____

Additional information or comments_____

Please list any other volunteer or family commitments:

References: (Other Than Family Members)

1. Name _____ Phone _____

   Address _____ Relationship_____

   Email _____

2. Name _____ Phone _____

   Address_____ Relationship_____

   Email _____

3. Name _____ Phone _____

   Address _____ Relationship _____

   Email _____

Please list your last two places of employment or employment activity for the past three years:

Company Name_____Dates_____

Contact Name_____ Phone_____

Company Address_____

Company Name_____Dates_____

Contact Name_____ Phone_____

Company Address_____

May we contact these individuals for a reference? Yes No

Applicant signature ____ Date__________________