



## WOMAN TO WOMAN MENTORING APPLICATION

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Company: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Duration of Employment: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

### PREVIOUS VOLUNTEER/MENTORING EXPERIENCE

Organization	Position/Activity	Dates of Service

How did you hear about Hour Children?

Why do you want to be a mentor?

<b>How much time can you give to your mentee on a monthly basis?</b>

<b>When would you like to meet with your mentee? Please circle all that apply.</b>			
<b>Weekdays:</b>	Evenings		
<b>Weekends:</b>	Mornings	Afternoons	Evenings

**REFERENCES**

Please list two character references who are **NOT** relatives.  
 You **MUST** include your references' phone number, it is not enough to list their email address.

- 1. **Name:**
- Relationship:**
- Preferred Phone Number:**
- Email Address:**

- 2. **Name:**
- Relationship:**
- Preferred Phone Number:**
- Email Address:**

Thank you for completing the Woman to Woman Mentoring Application! Please submit this form to the **Mentoring Coordinator, Diana Mattson** using only **ONE** of the methods below:

- 1. Email: [dmattson718@gmail.com](mailto:dmattson718@gmail.com)
- 2. Postal Mail: **Hour Children Woman's Mentoring Program**  
**36-11 12th St. Long Island City, NY 11106**