



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?

How much time can you give to your mentee on a monthly basis?

When would you like to meet with your mentee? Please circle all that apply.			
Weekdays:	Evenings		
Weekends:	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
- 2. Postal Mail: **Hour Children Woman's Mentoring Program**
36-11 12th St. Long Island City, NY 11106