



WOMAN TO WOMAN MENTORING APPLICATION

PERSONAL INFORMATION

Name:

Street Address:

City:

State:

Zip Code:

Date of Birth:

Phone Number:

Email Address:

EMPLOYMENT INFORMATION

Company:

Street Address:

City:

State:

Zip Code:

Work Phone:

Occupation:

Duration of Employment:

Supervisor Name:

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 **Liz Armao** using only **ONE** of the methods below:

1. Email: larmao@hourchildren.org

2. Postal Mail: **Hour Children Woman's Mentoring Program**
36-11 12th St. Long Island City, NY 11106