

The Mentoring Partnership of Southwestern PA

Mentor Application



Name: _____ Date: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Preferred contact #: _____ Cell _____ Home _____ Work

Email: _____

Race (optional): _____ Gender (optional): _____

Age (optional): _____ Under 21 _____ 21-35 _____ 35-45 _____ 45-55 _____ 55+

Please check all that apply:

What is your availability?

Weekdays (9am-3pm) _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday
 After School (3pm-5pm) _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday
 Evenings (after 5pm) _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday
 Weekends _____ Saturday _____ Sunday

What age(s) would you like to work with? _____ 7 and under _____ 8-10 _____ 11-14 _____ 15-18

What program type(s) would you like to work with?

_____ E-Mentoring _____ Group _____ One-to-One _____ Peer _____ Team

Which location types would you be willing to mentor at?

_____ After School _____ Agency Site _____ Community _____ Faith-Based _____ Juvenile Correctional Facility
 _____ Mental Health/Treatment Facility _____ Online _____ School _____ Workplace _____ Other

Search for programs _____ 5 miles _____ 10 miles _____ 15 miles _____ 25 miles **from zip code** _____

How did you hear about The Mentoring Partnership?

_____ Communications from The Mentoring Partnership (e-mail update, newsletter, etc.) _____
 _____ Community partner or initiative
 (Be A 6th Grade Mentor, Big Brothers Big Sisters, etc.) _____
 _____ Friend/colleague: _____
 _____ Television or radio station: _____
 _____ Newspaper article: _____
 _____ Billboard (please specify location, if possible): _____
 _____ In-person presentation: _____
 _____ Internet search: _____
 _____ Other: _____

If you have any questions, please do not hesitate to contact us.

Please return to: **The Mentoring Partnership of Southwestern PA**
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web: www.mentoringpittsburgh.org