

**The Mentoring Partnership of  
Southwestern PA  
Mentor Application**



Name: \_\_\_\_\_ Date: \_\_\_\_\_

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?** Please specify.

\_\_\_\_\_ Communications from The Mentoring Partnership (e-mail update, newsletter, etc.) \_\_\_\_\_

\_\_\_\_\_ Community partner or initiative (Be A 6<sup>th</sup> 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  
4165 Blair Street, Suite 223 • Pittsburgh, PA 15207  
phone: 412.281.2535 fax: 412.281.6683 Email: [applications@mentoringpittsburgh.org](mailto:applications@mentoringpittsburgh.org)  
web: [www.mentoringpittsburgh.org](http://www.mentoringpittsburgh.org)