



Volunteer Mentor Program

Mentor Application Form

Demographic Information

Name: _____
First Last

Address: _____
Street/Apt.

_____ City State Zip

E-Mail Address: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____

Date of Birth: ____/____/____ Age: _____

Marital Status: ____ Single ____ Married ____ Divorced ____ Widowed

Number of Children: Girls ____ Age(s) at time of diagnosis _____
Boys ____ Age(s) at time of diagnosis _____

Ethnic Origin: ____ African American ____ Asian American ____ Caucasian ____ Hispanic
____ Native American ____ Other _____

Educational Background: _____

Occupation: _____

Language(s) other than English that you speak on a conversational basis: _____

Special Skills: (i.e., sign language, etc.): _____

Hobbies: _____

Previous Volunteer Experience: _____

Most Convenient Time for Volunteer Service:
Days of Week ____ Sun ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat
Time of Day ____ AM ____ PM
Specific Times: _____

