

COLLEGE GARDENS MENTOR APPLICATION

Name _____

Phone(work) _____ (home) _____

Address _____

City _____ State _____ Zip Code _____

Your age: 17 or under 18 - 25 26 - 39 40 - 59 60 - + Your Sex: M F

1. Current Occupation (please name and describe): _____

2. Other Interests: _____

3. Educational Background (please include schools and degrees): _____

4. Describe your life experiences, work or volunteer which will assist you in mentoring:

5. Why you want to be a mentor: _____

6. What would you hope to give to your mentee: _____

7. Time availability: You will be expected to meet with your mentee **Tuesdays** from
3:30 – 4:30 p.m.

Limitations: _____

8. Have you ever been convicted of a crime? NO YES

If yes, please explain _____

9. Please give us the names, addresses and daytime telephone numbers of three persons who have known you for at least one (1) year and well enough to vouch for your character, reputation and morals. One of these persons must be your employer or supervisor. References will remain strictly confidential.

* Name _____ Daytime phone _____

Address _____

Relationship to applicant _____

* Name _____ Daytime phone _____

Address _____

Relationship to applicant _____

* Name _____ Daytime phone _____

Address _____

Relationship to applicant _____

The above information is true to the best of my knowledge. I grant permission to the City of Rockville to verify any of the information provided. I also agree to fingerprinting and a criminal background check.

Signature Date