

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 (Big Brothers Big Sisters, United Way, 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
6425 Living Place, Suite 200 • Pittsburgh, PA 15206

phone: 412.281.2535 fax: 412.281.6683 Email: applications@mentoringpittsburgh.org

web: www.mentoringpittsburgh.org