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**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 Identity** (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 Middle School 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.