

Mentor Application

I hereby seek to enroll in the Mentors Of Valor Empowered program. This information is submitted for admission consideration.

First Name _____ Middle Initial _____ Last Name _____ Maiden Name (if applicable) _____

Street Address & Apt Number (NO PO Boxes Please) _____ City _____ State _____ Zip Code _____

Home Phone: () _____ Cell Phone: () _____ E-mail Address: _____

Best time to be reached _____

Age: _____ Date of Birth: _____ Gender: Male Female

Ethnic Background *(Required for Grant Writing Purposes Only)*

- Black Non-Hispanic White Non-Hispanic Hispanic Asian or Pacific Islander Am. Indian or Alaskan Native
 Non-Resident Alien Other (Please Specify)

Nearest Relative/Emergency Contact _____ Relationship _____

Street Address & Apt Number (NO PO Boxes Please) _____ City _____ State _____ Zip Code _____

Home Phone: () _____ Cell Phone: () _____ Other Phone: () _____

Highest Level of education completed _____ Have you mentored before? Yes No

If yes, with what program/organization? _____

Current Employer _____ Manager/Supervisor Name _____

Street Address _____ City _____ State _____ Zip Code _____ Phone () _____

The above information is correct to the best of my knowledge. I understand that any false information may be considered grounds for rejection of my application or dismissal from the program. No applicants are rejected due to sex, race, creed, color, or national origin.

Signature *(Form may be signed at time of interview)* _____ Date _____

FOR OFFICE USE ONLY

Received By _____ Date Received ____/____/____
Interviewed By _____ Interview Date ____/____/____