TNT Mentoring Program Mentor Application

Personal Information

| Name: | |
|---|---|
| Email: | |
| Street Address: | |
| City: State: 2 | Zip: |
| Cell Phone: | nools In Ottav |
| Other Phone: | |
| Date of Birth:/ Gend | ler: T-shirt Size: |
| Employment History Please provide current (last) employment info | ormation. |
| Employer: | Location: |
| Supervisor's Name: | Phone: |
| Date of Employment (month/year): | to |
| Position(s) Held: | |
| Personal References Please provide two personal references. | |
| Name: | Phone: |
| Name: | Phone: |
| Questions Please take a few minutes to briefly answer the questions below, using an extra sheet of paper if needed: (Use back if needed) 1. Why are you willing to become a mentor? | |
| 2. Do you have any experience voluntee | ering or working with youth? If so, please specify: |
| 3. What qualities, skills, or other attribu | utes do you feel you have to benefit the youth? |
| As part of the TNT Screening process, TNT will can be matched with a student. This cost will | ll ask that you schedule a BCI/FBI fingerprinting before you be covered by TNT Mentoring Program. |
| Signature | |