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www.ytblakesarea.org

Ensuring the success of youth for over 35 years!

Making Connections Mentoring Program – Mentor/Sponsor Application

Date: _____ Name: _____ M or F

Phone Number: _____ E-mail Address: _____

Address: _____ City: _____ Zip: _____

Please tell us about your interests and personal strengths.

What is your occupation? Are you currently employed? If so, who is your employer? What is your position?

Please list any postsecondary degrees you have completed.

Have you ever been a mentor before? If so, please describe your experience(s).

Do you have any hobbies or special skills that you think will benefit LAYSB mentees?

Mentoring a young person is a big responsibility and can change the lives of both the mentor and the mentee. What do you hope to gain from the experience? What do you hope the mentee will gain?

Do you have any concerns about mentoring a young person?

I would prefer my mentee to be (*circle one*): Male Female Either/Doesn't Matter

Day(s) and time(s) you are most available:

Please return completed form to the address listed above. The coordinator will review your information and assess if this is a good fit for you. Thank you for your interest!