

All In Mentorship Application

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Date of birth: ___/___/___

Home phone: _____ Work phone: _____ Gender: M / F

When did you start attending River of Life? _____

Why do you want to mentor a teenager?

Do you have experience working with teenagers?

Describe a time when mentorship has impacted your life.

What expectations do you have if you become a mentor?

What are your hobbies and interests?

Can you commit to meeting at least twice a month for the next year with a student?

Do you have a student in mind that you'd like to mentor?

Signed _____ Date _____