



WAYFINDERS Mentor Application Form

Thank you for your interest in being a WAYFINDERS Mentor! Mentors play a vital role in the success of WAYFINDERS. ***Our mission is to ignite students' potential by expanding their confidence, connections, and horizons. We achieve this through summer camps, year-round enrichment programs, and mentor relationships for self-motivated, underserved students.*** The information you provide will be held securely and confidentially. Only authorized staff will have access to this information.

Personal Details:

Name: _____ Mr. Mrs. Miss Ms.

Address: _____

Preferred Telephone Number: _____

E-Mail: _____

Date of Birth: _____
Month / Day / Year

T-Shirt Size (Circle): S M L XL XXL

Employer (if applicable) _____ Position: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone _____

Are you fluent in a language other than English? _____

Current Driver's License:

Yes No

Have you ever been convicted of an offense?

Yes No

If you checked yes, please provide details below

Your Skills and Interests

1. Have you ever done any volunteer work before? Yes No

If you answered yes, please tell us a little about the experience.

2. Did you attend camp growing up? If so, where and for how many years?

3. What, if any, preferences do you have regarding being assigned a mentee?

4. Do you have any particular skills, talents, or interests that could enhance your role as a mentor?

5. Do you have access to items that could be donated for our annual auction or scholar events?

6. How did you find out about being a WAYFINDERS mentor?

Board Member _____

Current or former mentor _____

Other _____

References

1. Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

2. Name: _____ Relationship _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

Is there any additional information you would like to bring to our attention or that might help us in pairing you with a mentee?

No person shall, on the grounds of race, color, national origin, religion, age, gender, sexual orientation, disability, handicap, or political beliefs be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program.

I certify that the information submitted in this application is true and accurate to the best of my knowledge.

Applicant
Signature _____ Date _____

For office use only	Notes
Mentor Role Description sent _____	
References Collected _____	
Registered with the CMS volunteer system _____	
Given driving clearance through CMS _____	