

Mentor Application



First & Last Name:

Date:

Home Address (Street, City, State, Zip):

Phone Number:

Email Address:

In Case of Emergency Contact Name:

Relationship to You:

Phone Number:

Professional Reference Name:

Relationship:

Phone Number:

Email Address:

Personal Reference Name:

Relationship:

**References may not include a member of your household.*

Phone Number:

Email Address:

Why are you interested in being a mentor with Project Hope?

How did you hear about Project Hope?

What are some of your interests/hobbies?

How do you think you could impact a youth's life?

How far are you willing to travel on a weekly basis to see your mentee? *For example: I'd like to be matched with a youth who lives within 15 minutes of my home and/or work address.*

Please Note: *The Child Protective Services Law requires all volunteers working with youth to complete three clearances: PA Criminal History, PA Child Abuse Clearance, and FBI Clearance. Project Hope also requires that each of their mentors complete the Mandated Reporter training (online), a home visit, and an orientation.*

Updated 9/10/19