

Saratoga Sponsor-A-Scholar
MENTOR APPLICATION FORM

Name: _____ Date of Birth _____

Home Address _____

_____ Home telephone _____

Cell phone _____ E-mail _____

Employer Name: _____

Employer Address: _____

Work Phone _____

Work Fax: _____

Position: _____

Years In Position: _____

Preferred mailing: (please check one) Home Work

College(s) attended _____

Degree (s) and major(s) _____

Have you worked with young people before? Please explain. (If you have been a mentor before, please include organization, phone and contact person.)

Other community or volunteer activities _____

Can you commit to mentor your student for four years and see them at least once a month? _____

Please indicate time(s) of day and day(s) of week that work best for you to mentor:

Please answer the following to help us match you with a student:

1. Please list activities you enjoy doing in your spare time:

2. What activities would you consider participating in with your student?

3. What three special talents, skills or areas of expertise would you like us to know about you?

Please list two personal references (neighbor, friend, and co-worker) and one professional reference (boss, work supervisor, clergy) that have known you for at least a year.

a. Name _____ Phone _____

Address _____

Relationship _____

b. Name _____ Phone _____

Address _____

Relationship _____

c. Name _____ Phone _____

Address _____

Relationship _____

Please feel free to include a resume or any additional information of interest

Please fill out and e-mail the Mentor Application to Judy Soukup at Soukupquintet@gmail.com.

Please note – SSAS screens all potential mentors through Catholic Charities of Saratoga, Warren and Washington Counties. To receive information on the screening process, please contact Judy Soukup at: Soukupquintet@gmail.com

SSAS will contact you about scheduling an interview when we receive your application and your screening forms have cleared.

Thank you for your interest in becoming an SSAS mentor!