



One on One Mentor Application

Name _____ D.O.B. ___/___/___ Male Female

Address _____ Soc.Sec. # _____ - _____ - _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Cell phone _____ Email _____

How did you hear about us? _____

Have you ever been convicted of a crime? _____ if yes please explain:

Occupation _____ Employer _____

Employer Address _____

Telephone _____ Years w/Company _____

Level of Education _____

Vocational Skills _____

Related Experience working with adolescents

References:

Name	Relationship	Telephone	Best Time to Call
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List hobbies/interests that you could share with your mentee:

Please check the towns you would be willing to travel to:

- New Britain Avon Berlin Bristol Burlington Canton Farmington Newington
 Plainville Plymouth Rocky Hill Simsbury Southington Wethersfield

What times can you meet your mentee?

_____ after school _____ after 5:00 _____ weekends

Please mail application to:

Klingberg Family Centers
370 Linwood St.
New Britain, CT 06052
c/o: Nicole M. Vitale-Mentoring Program

Or fax to: (860) 225.1682