



Hearts To Nourish Hope

Mentoring Partnership

Application

- 1) First and Last Name: _____

- 2) Email Address: _____

- 3) Phone Number: _____

- 4) Mailing Address: _____

- 5) Employer: _____

- 6) What languages do you speak? _____

- 7) Briefly describe your past mentoring experience. _____

- 8) What would you like to get out of your engagement in this pilot youth mentoring program?

- 9) What three characteristics best describe you?
 - a. _____
 - b. _____
 - c. _____

10) What three characteristics are you looking for in a mentee?

- a. _____
- b. _____
- c. _____

11) Briefly describe your career pathway to date and your career goals.

12) Are you willing to make the time commitment to be a part of this pilot mentoring program (6 months- meeting in person with mentees once per month plus weekly communications via email, phone and/or text)? _____

13) What support and/or training would be most helpful to you in serving as a mentor in the program? _____

14) Additional comments and/or requests.

QUESTIONS

If you have any questions about this pilot youth mentoring program or application, please contact Ariel Smith.

Office Address:
640 Hwy 138 SW,
Riverdale, GA 30274

Phone: (770) 997-4517
Email: ASmith@HeartsToNourishHope.org

Thank you for applying to be a part of this pilot mentoring project!