



# 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 Jamie Whalen.

Office Address:  
585 Old Norcross Rd,  
Unit K,  
Lawrenceville, GA 30046

Phone: (770) 910 - 7733  
Email: [Jwhalen@heartstonourishhope.org](mailto:Jwhalen@heartstonourishhope.org)

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