

Project Hope

Mentor Application



First & Last Name:

Preferred Pronouns:

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

Bilingual:

Phone Number:

Email Address:

Employer:

Profession:

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:

I'm interested in volunteering for: (check all that apply)

- One-On-One - meeting with a thoughtfully matched mentee ages 13-23 on a weekly basis, attending monthly events and quarterly trainings with mentors for support
- Apartment Mentor Program (AMP) - meeting with a homeless youth participating in our Independent Living apartment program ages 18-23 as needed for up to 90 days
- Pen Frens - writing weekly to mentee ages 14-21 who is placed out of county

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?

One-on-One mentors meet with their mentees on a weekly basis. Do you have any restrictions that would limit travel within Adams Co that we should know when identifying a mentee for matching?

Mentor Signature/Date: _____