Ocean County Achievement Center
Mentor Application

Please print or type responses:

How was the program brought to your attention? _____

Full Legal Name_____

Mailing address _____ City _____ State _____ Zip_____

E-mail _____

Best Contact Phone Number: Home _____ Work _____ Cell_____

Profession: _____ Years in Profession: _____ Employer: _____

Will you be able to meet with a mentee at least once a month during the year for a minimum of 1 – 2 hours? ___ Yes ___ No

What are your hobbies, special skills, or other interests?_____

_____

What do you like to do in your leisure?_____

_____

What other affiliations (e.g., service or volunteer organizations) do you have?_____

_____

What do you hope to gain from the mentoring experience? _____

_____

What do you hope your mentee gains from the mentoring experience?_____

_____

Do you have prior mentor experience? Yes No - If yes, please explain: (Program Name & Dates)

_____

How many participants would you like to mentor? ___ 1 ___ 2 ___ 3

Mentors often have a particular set of experiences to share, please help us achieve the best possible match by specifying if you would like to mentor a particular mentee participant?

_____

_____

I certify that the information I have supplied is correct to the best of my knowledge.

Signature _____ Date _____

Please return to: achievementcenter@ocean.edu

Ocean County Achievement Center

Please write a brief introduction about yourself in the space below. This page will be given to the mentee as a way for them learn a little about their future mentor before meeting.

_____

_____

_____

_____

_____

Please provide the phone number you will call them from. This will help eliminate unanswered calls because of an unrecognized number.

Mentor Name: _____

Phone number: _____

Program Participant in: _____