



**CITY OF ROCKVILLE
DEPARTMENT OF RECREATION AND PARKS
Division of Community Services
MENTORING PROGRAM APPLICATION**

Your Name _____

Phone (work) _____ (home) _____

Address _____

City _____ State _____ Zip Code _____

Your age: 18 or under 19 or over Your Sex: M F

1. Current Occupation (please name and describe): _____

2. Other Interests: _____

3. Educational Background (please include schools and degrees): _____

4. Describe your life experiences, work or volunteer, which will assist you in mentoring:

5. Please explain why you want to be a mentor: _____

6. What would you hope to give to your mentee? _____

7. Time availability: You will be expected to meet with your mentee Tuesday or Thursdays after school.

Please indicate which day you prefer: TUESDAY WEDNESDAY THURSDAY

8. Have you ever been convicted of a crime? NO YES

If yes, please explain: _____

9. How did you find out about our program? _____

10. Please give us the names, addresses and daytime telephone numbers of three persons who have known you for at least one (1) year and well enough to vouch for your character, reputation and morals. If you are employed, one of these persons must be your employer or supervisor. References will remain strictly confidential.

* Name _____ Daytime phone _____

Address _____

Relationship to applicant _____

* Name _____ Daytime phone _____

Address _____

Relationship to applicant _____

* Name _____ Daytime phone _____

Address _____

Relationship to applicant _____

The above information is true to the best of my knowledge. I grant permission to the City of Rockville to verify any of the information provided. I also agree to fingerprinting and a criminal background check. I understand that completion of the application and background check is not a guarantee of acceptance into the program.

Signature

Date

Please return this application to: Community Services Program Coordinator, Community Services Division, City of Rockville, 30 Courthouse Square, Suite 100, Rockville, MD 20850.