

PERSONAL INFORMATION

Name (Last, First, Middle): _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email: _____ Cell Phone or Pager: _____

Male _____ Female _____ Ethnicity: _____

Birthdate: _____

What languages other than English do you speak? _____

How did you find out about the Neighbor to Neighbor Mentor Program? _____

MATCH PREFERENCES

Sex: _____ Age Range: _____ Ethnicity: _____ Other: _____

Please indicate the geographical area where you are willing to pick up your mentee? _____

Days & Times Available: _____

INTEREST & HOBBIES

Please indicate areas of interest or talent: (mark all that apply)

- Tutoring Computers Sports
- Math Cooking _____
- Science Baking
- Reading Arts & Crafts Hiking
- Writing Theater Fishing
- _____ Music

Other skills, hobbies and interests: _____

EDUCATION RECORD

High School (Name, City, State): _____

Graduation Date: _____

Undergraduate College (Name, City, State): _____

Dates Attended: _____ Degree, Major: _____

Graduate School (Name, City, State): _____

Dates Attended: _____ Degree, Major: _____

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 2 JOBS, STARTING WITH THE MOST RECENT)

1-Employer: _____ Dates Employed: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Title/Duties: _____

2-Employer: _____ Dates Employed: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Title/Duties: _____

REFERENCES (ONLY ONE CAN BE A FAMILY MEMBER)

1-Name: _____
Work Phone: _____ Home Phone: _____
Relationship to you: _____

2-Name: _____
Work Phone: _____ Home Phone: _____
Relationship to you: _____

3-Name: _____
Work Phone: _____ Home Phone: _____
Relationship to you: _____

PLEASE READ AND SIGN

I GIVE EMQ FAMILIES FIRST THE AUTHORIZATION TO CONTACT THE ABOVE REFERENCES. I UNDERSTAND THE INFORMATION RECEIVED IS CONFIDENTIAL WITH THE AGENCY.

Signature: _____ Date: _____

FOR EMQ FF USE ONLY

<input type="checkbox"/> Orientation/Interview Date _____ by _____	<input type="checkbox"/> Mentor Program Staff Contact _____
<input type="checkbox"/> Confidentiality Agreement Form	<input type="checkbox"/> Database Date _____
<input type="checkbox"/> Proof of Auto Insurance/ DMV Printout	Matching Information
<input type="checkbox"/> Driver's License	Matched with: _____
<input type="checkbox"/> References Checked	Date: _____
<input type="checkbox"/> Fingerprints Received	Program: _____
<input type="checkbox"/> Volunteer Agreement	Facilitator: _____