Mentor Application

Rhonda's Promise Rhonda Rogers, Founder & Executive Director Phone: 561-312-0539
Website: www.rhondaspromise.org

Mentor Applicant Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Home Address:** _____

Mentor Background & Experience

- **Current Occupation/Role:** _____
- **Highest Level of Education Completed:** _____
- **Relevant Certifications (if any):** _____

Please describe your previous experience working with youth, mentoring, coaching, or community engagement:

Motivation & Commitment

Why do you want to serve as a Mentor with Rhonda's Promise?

What strengths, skills, or personal qualities will you bring to our mentoring community?

How many hours per month can you commit to mentoring?

- ☐ 4–6 hours
- ☐ 6–10 hours
- ☐ 10+ hours

Program Fit

Which age group are you most comfortable mentoring?

- ☐ Middle School (11–13)
- ☐ High School (14–18)

Preferred mentoring format:

- ☐ One-on-One
- ☐ Small Group
- ☐ Workshops
- ☐ Virtual Mentoring

Safety & Screening

Have you ever been convicted of a crime?

- ☐ Yes
- ☐ No If yes, please explain:

Are you willing to complete a background check?

- ☐ Yes
- ☐ No

Emergency Contact Name: _____ Emergency Contact Phone: _____

References

Please provide two references who can speak to your character, professionalism, or experience with youth.

Reference #1 Name: _____ Relationship: _____ Phone: _____ Email: _____

Reference #2 Name: _____ Relationship: _____ Phone: _____ Email: _____

Applicant Statement

I certify that the information provided in this application is true and complete. I understand that submitting this application does not guarantee acceptance into the Rhonda's Promise Hope Academy Mentoring Program.

Signature: _____ **Date:** _____