



**MENTOR APPLICATION**

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name of Undergraduate College (or training): \_\_\_\_\_

Major: \_\_\_\_\_

Name of Graduate School: \_\_\_\_\_

Degree/Concentration: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

How did you learn about My Sister's Circle? \_\_\_\_\_

Please list two references (**at least one work-related**):

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Place of Employment (if work reference): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Place of Employment (if work reference): \_\_\_\_\_

The following information is for statistical purposes (optional).

1. What is your racial/ethnic background?
  - A. African American/Black
  - B. American Indian/Native American
  - C. Asian/Asian American
  - D. European American/White
  - E. Latino/Hispanic
  - F. Other (please specify) \_\_\_\_\_
  
2. Which of the following best describes your marital status:
  - A. Married
  - B. Divorced
  - C. Separated (not living with a significant other)
  - D. Living with a significant other
  - E. Single, not living with a significant other
  - F. Other (please specify) \_\_\_\_\_
  
3. What is the highest educational degree that you have attained?
  - A. None (Highest grade completed: \_\_\_\_\_)
  - B. High school diploma or GED
  - C. Partial college (at least one year)
  - D. Associate degree
  - E. Vocational degree
  - F. Bachelor's degree (B.A., B.S. degree)
  - G. Master's degree
  - H. Ph.D., J.D., M.D., or comparable
  
5. What is your present religious affiliation?
  - A. Christian (indicate denomination \_\_\_\_\_)
  - B. Hindu
  - C. Jewish
  - D. Muslim
  - E. None
  - F. Other (please specify) \_\_\_\_\_

I hereby do attest that the information contained on this application is true and correct to the best of my knowledge. Also, I understand that a background check will be conducted by My Sister's Circle, Inc.

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit to Lela Knight, Program Director, at 410-435-4708 (fx) or [lela@mysisterscircle.org](mailto:lela@mysisterscircle.org)*