

# Loving Arms, Inc.

*Creating Vision Through Mentoring*

## Mentor Application

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Social Sec. #: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender: Male Female

### Employment History

Please provide employment information for your present employer, with most recent position held first. If more space is needed use an extra sheet of paper.

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

Street Address: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

Why do you want to be a Mentor? \_\_\_\_\_

\_\_\_\_\_

Hobbies and Interest \_\_\_\_\_

Preference of youth (i.e., age, race and sex) \_\_\_\_\_

**Complete and mail to: Cindy R. Williams**  
**1227 Etting Street, Suite 301**  
**Baltimore Maryland 21217**