



# Across Ages Mentor Application

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Telephone #: \_\_\_\_\_ Work # \_\_\_\_\_

4. Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F

5. Marital Status: married  widowed  divorced  single

6. Do you have children? \_\_\_\_\_ Number? \_\_\_\_\_  
Do you have grandchildren? \_\_\_\_\_ Number? \_\_\_\_\_

7. Have you had experience working with middle school aged students (10-13 years)?

If yes, what kind?

a. Taking care of family or neighborhood children? \_\_\_\_\_

b. Working in a school or recreation center? \_\_\_\_\_

c. Scouting? \_\_\_\_\_

d. Other? \_\_\_\_\_

8. How would you rate your general health?

excellent  good  fair  poor

9. Have you had employment experiences? yes  no

If yes, what kind of jobs did you do and how long did you do them?  
Begin with the most recent?

Job

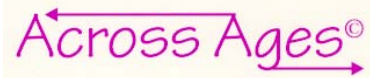
Where

Years

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10. What would you consider your lifetime occupation? \_\_\_\_\_

11. Why are you interested in becoming a mentor? \_\_\_\_\_

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12. Do you have drivers license? \_\_\_\_\_

13. Please list 3 references, other than relative. If possible, one should be work related.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Please mail to:

Attention: Across Ages Mentoring Program

949 Bridgeport Avenue

Milford Ct, 06460

To Contact Staff

Please Call:

878-6365 ext 331