



# Woman to Woman Mentoring Program Mentor Application

Our mission at Woman to Woman Mentoring Inc. (W2WM) is to cultivate mentoring relationships that provide women with guidance, support, and community connections. To accomplish that, we offer two 10-month programs that provide young women ages 18-35 with a volunteer mentor in addition to monthly workshops focused on career, education, and life skills.

Application Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Length of Residence? \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Are you on Facebook? YES or NO

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Do you work in Frederick County? YES or NO

If no, please contact us for more info.  
We currently serve the Frederick County region.

***Please answer the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of the page.***

How did you learn about Woman to Woman Mentoring Inc.?

Why do you want to become a mentor?

What do you hope to get out of the mentoring experience?

Do you have any previous experience volunteering or mentoring? If so, please describe.

What industry or field is your specialty?

What qualities, skills, or other attributes do you feel you have that would benefit a young woman in formulating and achieving her goals with regard to education, career, and family?

What are your hobbies and how do you like to spend your leisure time?

Woman to Woman Mentoring Inc. requires commitment and perseverance along with a healthy dose of reality. Are you willing to accept the following program requirements? Please check each requirement as you agree to it.

I am willing and able to (please check all that apply):

- Actively participate for a minimum of ten months from the time I am matched with a mentee
- Attend a "Meet and Greet" workshop
- Attend an initial mentor orientation session
- Attend monthly evening workshops (usually on Tuesday or Wednesday nights from 6-9 p.m.)
- Meet with my mentee a minimum of two- four hours per month
- Maintain contact with my mentee in person or by phone at least once a week
- Submit monthly email/written reports to program staff regarding our mentoring activities & progress
- Communicate regularly and openly with program staff
- Participate in program assessments
- Receive and objectively consider feedback regarding any difficulties during my participation in the mentoring program

*Please explain any particular issues that would challenge your ability to keep the above commitments.*

How would you describe yourself using 2-3 words?

Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

Have you ever been treated or hospitalized with a mental illness? If yes, please explain.

#### Educational History

Please list the schools you have attended and the degrees/certifications you have completed.

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**Please list any other cities, states, and dates of residency during the past 10 years.**

City	State	From mo/year	to	mo/year
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City	State	From mo/year	to	mo/year
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City	State	From mo/year	to	mo/year
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**Personal References**

Please provide the following information for three people you would like to use as character references. Please use people you have known for at least one year and to whom you are not related. Any information Woman to Woman Mentoring Inc. gathers from these references will kept confidential and will not be released to you, the applicant.

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

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

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Long Known: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Long Known: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Long Known: \_\_\_\_\_

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### Employment History

Please provide employment information for the past five years starting with your current position. If more space is needed, use an extra piece of paper.

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

Current Job Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supervisor's Name : \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

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Employer #2: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supervisor's Name : \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

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Employer #3: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supervisor's Name : \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

## Mentor Application Agreements and Information Release

### Please read this carefully before signing:

I understand that information about me will be anonymously (without my name) shared with a prospective mentee to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information about me may be shared with the mentee to ensure and aid in facilitating a safe and successful match relationship.

I attest that I have no driving record convictions such as Driving Under the Influence (DUI), reckless driving, or excessive speed violations.

I, \_\_\_\_\_, agree to hold harmless Woman to Woman Mentoring Inc. and Frederick Community College (from whom W2WM leases office space and classroom space), its officers, agents, and employees from and against all claims, damages and losses, including reasonable attorney's fees, court costs, and other expenses arising out of or resulting from any acts, errors or omissions of the mentee I am assigned in the performance of the services set forth in the Agreement.

I pledge to abide by all the rules and policies regarding Woman to Woman Mentoring Inc.

I certify that the information contained on this Authorization Form is true and correct and that my application may be terminated based on any false, omitted or fraudulent information.

By signing below, I attest to the truthfulness of all information listed on this application, I authorize Woman to Woman Mentoring, Inc. to verify the information and I agree to all the above terms and conditions.

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Signature

Date

**\*\*Please bring your picture ID to your interview.**

*Woman to Woman Mentoring Inc. is committed to ensuring diversity in its program. Questions about age help qualify candidates within the age groups specified by the service requirements. Questions about past experiences, educational pursuits, professional interests, hobbies, etc. provide information to help ensure the mentoring program engages a variety of knowledge, backgrounds, experience and attitudes that encourage, enable and sustain growth and learning.*

***Woman to Woman Mentoring Inc. appreciates your interest in becoming a mentor.***

**Please mail your application to: Woman to Woman Mentoring Inc. PO Box 1660 Frederick MD 21703  
Attn: Tonya Hatosy-Stier. For any questions, please call – 301-846-2556 or email at  
tonya@womantowomanmentoring.org.**