

Application 2

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 programs that provide young women ages 18-35 with a volunteer mentor in addition to monthly workshops focused on career, education, and life skills.

Please answer truthfully. Your application is a key piece of information when we are selecting your best possible mentee match.

First Name *

Last Name *

Are you applying to be a mentee or mentor? *

Date of Birth

mm/dd/yyyy

Age *

Do you currently live or work in Frederick County, Maryland? *

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

Street Address *

Please use your mailing address for all address related fields in this form.

City *

State *

Zip Code *



Email Address *

Phone Number *

Numbers only; no special characters such as [() -]

Attachments *

Please attach your resume and 3 references.

• Drop files here

How did you find out 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? *

Describe yourself in 2-3 words. *

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

Are you currently employed? *

Select all that apply.

Add an option

If yes, where?

The Woman to Woman Mentoring program 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. *

Add an option

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

Have you ever been convicted of a crime? *

If so, what were the circumstances?

Have you ever received treatment for alcohol or substance abuse? *

If yes, then please explain.

Have you ever been treated or hospitalized with a mental illness? *

If yes, then please explain.

Anything else you'd like to share?

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.

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

I certify that the information contained on this application 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.

Sign (Type) your full name and include the date in the box below.

Submit

Never submit passwords through this form. Report abuse