



# Woman to Woman Mentoring Program

## Mentor Application

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long have you lived here? \_\_\_\_\_

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

E-mail address \_\_\_\_\_

DOB: \_\_\_\_\_ Do you work in Frederick County? \_\_\_\_\_

*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 the Woman to Woman Mentoring Program?

Why do you want to become a mentor?

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?

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.

I am willing and able to:

- 🍏 Actively participate for a minimum of nine months from the time I am matched with a mentee
- 🍏 Attend a meet and greet
- 🍏 Attend an initial mentor orientation session
- 🍏 Attend monthly evening workshops
- 🍏 Meet with my mentee a minimum of two- four hours per month
- 🍏 Contact 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?

How would your family, friends, and coworkers describe you 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.**

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City	State	From m/year	to m/year
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City	State	From m/year	to m/year
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City	State	From m/year	to m/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 the Woman to Woman Mentoring Program gathers from these references will be held as confidential and will not be released to you, the applicant.

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

Address \_\_\_\_\_

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

Email address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

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

Address \_\_\_\_\_

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

Email address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

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

Address \_\_\_\_\_

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

Email address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

**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 \_\_\_\_\_

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

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

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

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

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

Job Title \_\_\_\_\_

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

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

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

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

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

Job Title \_\_\_\_\_

Street 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.

If an accident occurs during a meeting with my mentee, I understand I must report it to the Frederick Community College Security Department within 24 hours.

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 the Woman to Woman Mentoring Program and Frederick Community College, 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 the Woman to Woman Mentoring Program.

I understand it will be necessary for the Woman to Woman Mentoring Program to conduct a background check on all mentors in order to ensure program safety. I understand that the Woman to Woman Mentoring Program is operated under the auspices of Frederick Community College.

In connection with my suitability to serve as a volunteer mentor in the Woman to Woman Mentoring Program, I authorize Frederick Community College (“Company”) to request a consumer and/or investigative consumer report on me for participation purposes. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications, personal reference and interviews, my personal credit history based on reports from any credit bureau, my driving history, including any traffic citations, workers compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to the company contracted by Frederick Community College to conduct the background check, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. The investigating company does not sell or otherwise provide any of the information found in its background investigation to any party other than Frederick Community College.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to the investigating company. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. Seq. I agree that this authorization shall remain valid for the duration of my participation in the Woman to Woman Mentoring program. 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 Frederick Community College 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. We'll need to make a copy of it to include with your background check form.\*\***

*The Woman to Woman Mentoring Program 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.*

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

Please note that any incomplete information will result in the delay of the application process.

**Please mail your application to:**

**Woman to Woman Mentoring Program  
7932 Opossumtown Pike, Box 520  
Frederick MD 21702  
Attn: Tonya Hatossy-Stier**

You can also email a copy and provide an “authentic” signature during our interview process. Our email address is [tonya.w2wm@gmail.com](mailto:tonya.w2wm@gmail.com).