

**Rhode Islanders Sponsoring Education
Mentor Application**



Name _____ Date of birth _____

Gender _____ Race/Ethnicity _____ Highest Level of Education _____

What language(s) other than English do you speak (if any)? _____

Address _____

City _____ State _____ Zip _____ Home Phone _____ Cell _____

E-mail Address: _____

Facebook Name _____

Twitter Handle _____

Business Name & Address _____

Work phone (ext.) _____ Fax _____

Title _____

Preferred method of communication with RISE _____

Days available for mentoring: Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun. ___

Afternoons Evenings

What age group are you most comfortable working with? 6-7years 7-10 years 10-12 years

12-14 years 15-18 years no preference

Current job responsibilities _____

Have you ever worked with children before? Yes No If yes, in what capacity? _____

Please describe any special interests which may be helpful in matching you and your mentee (i.e. athletics, reading, computers, writing, music, painting, etc.).

Please briefly explain why you would like to become a RISE Mentor _____

Please list any other volunteer or family commitments: _____

References: (Other than Family Members)

1. Name _____ Phone _____
Address _____ Relationship _____
Email _____

2. Name _____ Phone _____
Address _____ Relationship _____
Email _____

3. Name _____ Phone _____
Address _____ Relationship _____
Email _____

Please list your last two places of employment or employment activity for the past three years:

(1) Company Name _____ Dates _____
Contact Name _____ Phone _____
Company Address _____

(2) Company Name _____ Dates _____
Contact Name _____ Phone _____
Company Address _____

May we contact these individuals for a reference? Yes No

Applicant signature _____ Date _____

Please mail completed application to RISE, 1155 Westminster Street, Suite 106, Providence, RI 02909