Tabor Children Services

601 New Britain Road Doylestown, PA 18901



215.348.4071 215.348.9261 (fax) www.tabor.org

Tabor Mentoring Program Volunteer Application

Date:			
Name:		Date of Birth:	
Street Address:			
City:		State: Zip Code:	
Home Phone:	Cell:	Work:	
Email:	Pref	Preferred Method of Contact:	
Education (please fill out	all applicable information):		
High School Name:		Date Complete:	
College:	Date Complete:	Area of Study:	
Grad School:	Date Complete:	Area of Study:	
Trade School:	Date Complete:	Area of Study:	
References (please give th	ne name and contact information	of two <u>non-relatives</u>):	
1. Name:	me: Relationship:		
Phone/Email:			
		Relationship:	
Phone/Fmail:			

Please attach the following:

- 1. Most recent resume or job history
- 2. List/summary of previous volunteer experiences, if applicable

Please answer the following questions (attach extra paper as necessary):

1.	How did you hear about Tabor's Mentoring Program?
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<u> </u>	Why are you interested in Tabor's Mentoring Program?
3.	What skills do you possess that would make you a good Mentor?
4.	What are some of your strengths and weaknesses?
5.	List three (3) words those closest to you would use to describe you?
6.	What do you hope to gain from this volunteer experience?
7.	What are your interests/ hobbies?
8.	Are there any Mentee traits that would make it uncomfortable for you to be matched with that person?
9.	Are there any medical conditions or allergies you feel that Tabor should be aware of?
10	Do you have any concerns or is there anything else we should know about you?
rtifi	cation:

Certification:

I hereby affirm that all information I submitted in this application is truthful to the that any falsification could preclude me from consideration for this program.	best of my knowledge. I understand
Print Name:	
Signature:	Date:
Please return completed application to:	
Tabor Mentoring Program	
601 New Britain Road	
Doylestown, PA 18901	

AIP Mentoring Specialist Interview Notes: