

 **MENTORING PROGRAM ~ MENTOR APPLICATION**

Date: _____

Name _____

Home Address _____

Home# _____ Work# _____ Cell# _____

Email _____

Job Title _____

Agency or Organization _____

Duties _____

Years at present organization _____ Years in Jewish Communal Service _____

Educational Achievement _____ Area of Concentration _____

Interests and hobbies? _____

With what Jewish denomination do you identify, if any?

What are your other community/volunteer involvements?

What is your goal in becoming a mentor?

What do you feel should be the goals of a mentoring relationship?

Based on your professional experiences, what do you bring to a mentoring relationship?

Please attach a current resume or curricula vitae.

PLEASE SCAN or EMAIL THIS FORM TO:

Cindy Goldstein

cgoldstein@thedfi.org Questions? Call 410-843-7563