



MENTORING PROGRAM – Mentoring Application

Date: _____

Name _____

Home Address _____

Home# _____ Work# _____ Fax# _____ Cell# _____

Email: _____

Job Title _____

Agency _____

Duties _____

Years at present agency _____ Years in Jewish Communal Service _____

Educational Achievement _____ Area of Concentration _____

Congregation/Affiliation _____

To what organizations do you belong? _____

Interests and hobbies? _____

What is your goal in becoming a mentor?

What area of expertise would you bring to a mentoring relationship?

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

Please attach a current resume or curricula vitae.

PLEASE RETURN THIS FORM TO:

DFI, 5806 Park Heights Avenue, Baltimore, MD 21215 or fax to 410-843-7569