

THE FATHER IN ME INC.

An Impactful Awareness Inspiring Organization

Mentorship Program Application

If you would like to participate either as a mentor, please fill out the following form. Information will be kept confidential.



Name: _____

Email: _____ Cell: _____

Have you been a mentor (informally or in a program) before?

Please indicate the goals that you wish to accomplish from this mentoring relationship:

1. _____

2. _____

- Are you willing to commit to time with your mentee via phone or in person each month for at least one year?
- Are you willing to travel to to meet with your mentee at least twice per year?
- As a mentor, I will wear my title as a badge of honor.
- As a mentor, I will agree to do what's in the best interest of the mentee to whom am assigned?
- As a mentor, I will always ensure the safety of my mentee.
- As a mentor, my mentee will have 24 hour access to me via my personal cell phone or social media platforms.
- As a mentor, I will immediately report any and all incidents involving my assigned mentee.

Signature of Mentor: _____ Date: _____

Signature of Staff: _____ Date: _____