



National PAL Mentoring

PAL Mentor Application

(please type or print)

Date _____

Name of Applicant _____ Date of Birth _____ SS# _____

Address _____

City _____ State _____ ZIP _____

Home Telephone _____ Home E-mail _____

Employer _____ Occupation _____

Address _____

City _____ State _____ ZIP _____

Business Telephone _____ Fax _____ Business e-mail _____

Preferred Day (Mon-Sat) Choice #1 _____ Choice #2 _____

Best Time of Day to mentor (Check all that apply) morning afternoon evening

Do you prefer to be matched with: (check one) Boy Girl No Preference

Write a brief statement on why you wish to be a mentor in the National PAL Mentoring Program.
(On a separate sheet of paper or back of application)

Describe special interests / hobbies which may be helpful in matching you with a mentee (e.g. cooking, crafts, career interests, games, sports, computers, art, needlepoint, languages, music, and painting): (On a separate sheet of paper or back of application)

I would like to work with a (check) younger youth older youth no preference
List the addresses where you have lived for the last five years (begin with the most recent after the current address listed above):

Dates _____
 Address _____
 City _____ State _____ ZIP _____

Dates _____
 Address _____
 City _____ State _____ ZIP _____

Dates _____
 Address _____
 City _____ State _____ ZIP _____