

MAN-2-MAN/PRIORITY MALE MENTOR APPLICATION
Community Council of Metropolitan Atlanta, Inc.

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email Address: _____

Employer: _____ Title: _____

Have you ever been convicted of a crime?: _____ If "Yes", please explain:

Do you object to our agency running a background check on you?: _____

Mentoring Information

Why do you want to be a mentor?: _____

Do you have any previous experience volunteering or working with youth? If so, please explain. _____

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How often can you meet with your mentee? _____

What times can you meet with your mentee?: During lunch: _____ After 5:00: _____

Weekends: _____ During regular business hours: _____ Other: _____

Do you have any hobbies or special skills?: _____

References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (please list only people you have known for at least a year):

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Relationship:** _____

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Relationship:** _____

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Relationship:** _____

Please read this carefully before signing:

The CCMA appreciates your interest in becoming a *Man-2-Man* mentor to a young black male, who is participating in the *Priority Male Program*. By signing below, you attest to the truthfulness of all information listed on this application, and agree to let our program confirm all information listed. If selected as a mentor, you agree to attend the training/orientation session for mentors.

(Signature)

(Date)