



**Mentorship Program**  
 11 Ordance Street  
 Toronto ON M6K 1A1  
 416-364-4716 ext 267  
 Fax 416-364-7533

This information is for use by the Mentorship Coordinator only. Personal information will be used to help determine suitable matches. Information will only be shared with the Protégé once cleared and approved by the Mentor.

**Eva's Phoenix Mentor Application Form**

Mentoring can be defined as a significant, long-term, beneficial effect on the life or style of another person, generally as a result of personal one-on-one contact.  
 A mentor is one who offers knowledge, insight, perspective, or wisdom that is especially useful to the other person.

**Personal Information:**

First Name:	Initial:	Last Name:
-------------	----------	------------

**Contact Information:**

<u>Home Contact Information</u>	<u>Business Contact Information (if different from Home)</u>
Home Address 1:	Organization:
Home Address 2:	Business Address :
City: Prov.	City: Prov.
Postal Code:	Postal Code:
Home Phone:	Business Phone: Ext:
Alternate Phone:	Business Fax:
Personal Email:	Business Email:
Emergency Contact Name:	Occupation:
Emergency Contact Phone Number: Relation:	Job Title:
Contact Preference: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Days <input type="checkbox"/> Evenings	

**Background**

Languages  
 English  French  Other

Education  
 High School  Some College  College Graduate  Some University  University Graduate  Post Graduate  Trades Certification

**Background (Continued)**



Participation				
<b>How much time are you able to commit to your Protégé?</b>				
<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Periodically/TBD	<input type="checkbox"/> Other
<b>In what capacity?</b>				
<input type="checkbox"/> In person	<input type="checkbox"/> Via phone or email	<input type="checkbox"/> Both in person and via email or phone		
<b>From what date(s) are you available?</b>				
	MM	DD	YYYY	Other Dates (If applicable):
<b>Which mentorship program(s) are you interested in?</b>				
<input type="checkbox"/> One To One Mentorship	Program component matches resident/participant with established members of the community. Focus: Personal skill development/counselling, career/educational support, social/recreational, cultural-based.			
<input type="checkbox"/> Informational Interviewee	Many youth are required to conduct interviews within the career they are pursuing. This program provides resources to the youth to facilitate information interviews.			

References		
NAME	NATURE OF RELATIONSHIP	CONTACT NUMBER

Statement of Confidentiality	
<p>Eva's Initiatives recognizes the right to the confidentiality and privacy of our residents and volunteers, and is dedicated to conducting business in only the highest ethical standards.</p> <p>Eva's Initiatives is committed to protecting the privacy of its participants and volunteers. All information and disclosures will remain confidential and will be used for the purpose of facilitating an appropriate Mentor/Protégé match. Any information disclosed through Mentor/Protégé relationship contact will remain confidential and will not be discussed with anyone outside of Eva's Phoenix.</p>	
<p><b>FOR THE SAFETY OF OUR YOUTH AND IN THE INTEREST OF PROVIDING APPROPRIATE MENTORS, EACH VOLUNTEER MUST UNDERGO A CRIMINAL REFERENCE CHECK. BY SIGNING BELOW, YOU AGREE TO UNDERGO A CRIMINAL REFERENCE CHECK.</b></p>	
Signature of Mentor Applicant	Date:
X	