



**THE EAST OF THE RIVER  
CLERGY POLICE COMMUNITY PARTNERSHIP, INC.**

4105 First Street SE Washington, DC 20032 (202) 373-5767 Office (202) 373-5769 Fax [www.ercpcp.org](http://www.ercpcp.org)

**PROJECT NIA: Mentoring with a Purpose**

**MENTOR PERSONAL INFORMATION**

Name:		Maiden Name, if applicable:	
DOB:			
Address:	City:	State:	Email:
Home Phone Number:	Cell Phone Number:	Other Phone:	

**MENTOR EMPLOYER/SCHOOL INFORMATION**

Name of Organization:	Title:	
Address:		
City:	State:	Zip:

**MENTOR INFORMATION**

What is your greatest strength/skill that will aid you in mentorship?

What are your hobbies?

<input type="checkbox"/> Swimming	<input type="checkbox"/> Reading	<input type="checkbox"/> Dancing
<input type="checkbox"/> Hiking	<input type="checkbox"/> Creative Writing	<input type="checkbox"/> Singing
<input type="checkbox"/> Biking	<input type="checkbox"/> Culture/History	<input type="checkbox"/> Cooking
<input type="checkbox"/> Bowling	<input type="checkbox"/> Theater/Acting	<input type="checkbox"/> Stamp Collecting

Would you prefer to mentor a youth in P.G. County, MD or Washington, DC? **(Please Circle)**

What age ranges do you work best with? \_\_\_\_\_ 8-10 \_\_\_\_\_ 11-12 \_\_\_\_\_ 13-14 \_\_\_\_\_ 15-16 \_\_\_\_\_ 17-18

Which of the following areas would you like to focus on? Please rank activities 1 (most interested) to 7 (least interested).

<input type="checkbox"/> Sports	<input type="checkbox"/> Tutoring/Academics	<input type="checkbox"/> Computer
<input type="checkbox"/> Cooking	<input type="checkbox"/> Cultural Enrichment	
<input type="checkbox"/> Movies/Theater	<input type="checkbox"/> Self-esteem	
<input type="checkbox"/> Building/Empowerment/Goal Setting		

Have you ever been a mentor before?

If yes, what did you like most?

Mentor Application Form (Rev. 2-25-2008): EAST OF THE RIVER CLERGY POLICE COMMUNITY PARTNERSHIP, INC., PROJECT NIA MENTORING PROGRAM PROHIBITS CORPORAL PUNISHMENT AND/OR ANY MENTAL AND PHYSICAL

ABUSE.

What did you like least?
Would you be willing to commit to at least a year? ____ Yes ____ No
If no, Explain:
Would you be willing to commit to at least four (4) hours per month? ____ Yes ____ No
Would you be willing to submit to a background check/child abuse clearance? ____ Yes ____ No
If no, please explain.
Will you be able to show proof of valid Drivers License? ____ Yes ____ No
Will you be able to show proof of valid (car) insurance? ____ Yes ____ No
If you are not able to provide a copy of a valid insurance policy, will you be able to sign an affidavit stating that you and your mentee will commute solely by public transportation? ____ Yes ____ No



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**Personal References**

Please provide three (3) personal references and contact information.

Name and Relationship:	Phone:
	Email:
Name and Relationship:	Phone:
	Email:
Name and Relationship:	Phone:
	Email:

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<b>Mentor Signature:</b> _____ <b>Date Signed:</b> _____
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**TO WHOM IT MAY CONCERN:**

**I \_\_\_\_\_ HAVE SUBMITTED YOUR  
NAME, RELATIONSHIP, PHONE NUMBERS AND/OR EMAIL  
ADRESS TO THE EAST OF THE RIVER CLERGY POLICE  
COMMUNITY PARTNERSHIP, INC. (ERCPCP) AS A PERSONAL  
REFERENCE.**

**I \_\_\_\_\_ HEREBY GIVE PERMISSION  
FOR YOU TO PROVIDE TO THE ERCPCP PERSONAL AND  
CHARACTER INFORMATION ABOUT ME WHEN REQUESTED BY  
THE ERCPCP STAFF. I HAVE SUBMITTED AN VOLUNTEER  
APPLICATION TO BE A VOLUNTEER MENTOR FOR CHILDREN,  
AGES 8-18 IN WASHINGTON, DC., THROUGH THIS  
ORGANIZATION.**

**FOR FURTHER INFORMATION, OR IF YOU NEED TO CONTACT  
ME, I CAN BE REACHED AT:**

**TELEPHONE NUMBER: (    ) \_\_\_\_\_**

**EMAIL: \_\_\_\_\_**

**DATE: \_\_\_\_\_**