MENTEE APPLICATION

Name: _____ Today's Date: _____

Current Address: _____

_____
(City, State, Zip)

Phone (W): _____ Phone (Cell): _____

Email Address: _____

Can you be called at work? [ ] Yes [ ]No

Permanent Address (If different from above):

_____

_____
(City, State, Zip)

Ethnicity (Optional):

[ ] African	[ ] African American
[ ] Asian	[ ] Caucasian
[ ] Hispanic	[ ] Multi-Racial
[ ] Native American	[ ] Other

Date of Birth: _____ Age: _____

Are you currently pregnant?: [ ] Yes [ ] No

If yes, When is your due date? _____

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MENTEE APPLICATION

Where are you seeking prenatal care?

_____

Do you have any other children at home? _____ If yes how many? _____

Are you currently in school: [ ] Yes [ ] No

If No, why are you not in school?

_____

_____

Current School: _____

Current Grade Level: _____ Employer: _____

Title/ Occupation: _____

Emergency Contact: _____ Relationship: _____

Phone (H): _____ Phone (W): _____

Phone (C): _____

At what age were you when you first became pregnant? _____

Please list your children and their ages:

Name: _____ DOB: _____ Male/Female: _____
Name: _____ DOB: _____ Male/Female: _____
Name: _____ DOB: _____ Male/Female: _____
Name: _____ DOB: _____ Male/Female: _____
Name: _____ DOB: _____ Male/Female: _____

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What are some challenges you are facing as a young adult, single mother?

_____

_____

_____

_____

What are your Interests and Skills?

_____

_____

_____

_____

What do you see yourself doing in the next 5-10 years?

_____

_____

_____

_____

How did you learn about the Illustrious Adolescent Mother Empowerment Program?

_____

_____

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MENTEE APPLICATION

AVAILABILITY:

[ ] Year-Round
[ ] Summer (June – Aug.)
[ ] Fall (Sept. - Dec.)
[ ] Spring (Jan. - May)

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
All Day							
AM							
PM							

BACKGROUND INFORMATION

Have you ever been convicted, imprisoned, been on probation, parole or under supervision as a result of a conviction, or been fined for any violation of the law? [ ] Yes [ ] No

If yes, please give dates, details and penalties for each occurrence below.

_____

_____

_____

MAIL:	**PLEASE RETURN TO:** ATTN: Intern/Volunteer Coordinator ROBIN TERRY FOUNDATION, INC. P.O. Box 1354
CONTACT: EMAIL: PHONE:	Olive Branch, MS 38654 robinterryfoundation@gmail.com (901) 654-8514