



MENTOR APPLICATION FORM

Please fill this form electronically by clicking on the corresponding fields and send it to SSP by using the SUBMIT button at the end of the form. If the submit procedure is not working, please email the form to meriam.mahlatsi@ssp.org.za.

Full Name and Surname _____

Home Address: _____

Phone Number (Home) _____ Phone Number (Work) _____

Phone Number (Mobile) _____

Gender Male Female Date of Birth: ___ / ___ / ___

Email _____

Current Employer _____

Level of educational attainment

High School Some College Bachelor's Masters PhD

Are you involved in any other fraternal, social, or civic activities? Yes No

If yes, please list _____

Do you speak any language in addition to English? Yes No

If yes, please list _____

Do you have any previous experience mentoring/volunteering with youth? Yes No

If yes, please explain _____

Have you ever been arrested? Yes No

If yes, please explain _____

Please note briefly why you have chosen to participate in the mentoring program

Personal References

Please list the name, address, and telephone number of two people you have know for at least three years. DO NOT use more than one relative as a reference. A mentoring coordinator will be contacting these individuals. We ask that you alert your references in advance.



1. Full name and surname _____
Address _____ Daytime Phone _____
Relationship _____ Years known _____
2. Full name and surname _____
Address _____ Daytime Phone _____
Relationship _____ Years known _____

Program Preferences

When would you prefer to meet with your mentee?

_____ During lunch _____ During School _____ After School

Please list any hobbies or special skills _____

Indicate any preference you might have for the following

Grade level _____ 9 _____ 10 _____ 11 _____ 12 _____ No preference

Gender _____ M _____ F _____ No preference

Whenever possible, we will try to honor your request.

Informed Consent

- I understand that the mentoring program involves spending a minimum of four outings for the academic year.
- I understand that I will be required to complete the mentor program orientation and at least one training session before I start my mentoring.
- I understand that all mentors who come in regular contact with SSP students must submit to a limited criminal history check and screening.
- I authorize any persons listed above as references on this application to furnish information concerning my personal character, habits or employment record.
- I certify that the facts contained in this application are true and complete to the best of my knowledge.

Full Name and Surname _____

Date _____