

# SEEDS OF INDEPENDENCE

**Seeds of Independence is a non-profit corporation founded to help at risk youth in Maine reach their full potential as independent, productive members of society.**

## MENTOR APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Program Preference: Jump Start \_\_\_\_\_ Rebound \_\_\_\_\_

Why would you like to be involved in the program?

Do you have any mentoring or other relevant experience with teenagers?

What strengths and life experiences would you bring to the program?

What expectations would you have as a participant in the program?

“By signing this application, I am authorizing a background check to be completed by a police department.”

Signature: \_\_\_\_\_