

# MENTORSHIP APPLICATION



# FUTURES<sup>®</sup> FOR CHILDREN

To ensure the safety of our students, background checks are required

## NEW MENTOR PREFERENCES

Number of students to mentor: \_\_\_\_\_

### Gender:

No Preference  Girl  Boy

### Tribal Affiliation:

No Preference  Hopi  Pueblo  Navajo

### School Level:

No Preference  Elementary  Middle  High School

## PREFERRED METHOD OF PAYMENT\* *Please Note: First payment must accompany application*

<input type="checkbox"/> \$360 Annually	<input type="checkbox"/> \$180 Semi-Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> \$90 Quarterly	<input type="checkbox"/> \$30 Monthly	<input type="checkbox"/> Direct Debit	— Card Type:
			<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
<input type="checkbox"/> Auto-Withdrawal payment			

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

## NEW MENTOR CONTACT INFORMATION

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

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

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ *(at least one phone number is required)*

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

## NEW MENTOR BACKGROUND *Tell us about yourself*

Your Career/Employer: \_\_\_\_\_ *(check to see if your employer has a matching gift program and let us know)*

Spouse/Partner Name: \_\_\_\_\_ his/her career/employer: \_\_\_\_\_

Child(ren) name(s), age(s): \_\_\_\_\_

Where were you born and raised? \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Why do you want to be a mentor? \_\_\_\_\_

How did you hear about Futures for Children? \_\_\_\_\_

I/We want to be a Futures for Children Mentor and develop a cross-cultural friendship. I/We will write to my/our mentored student(s) at least once every other month. I/We value education and will strongly encourage my/our mentored student(s) to complete high school and pursue post-secondary opportunities.

Mentor(s) signature: \_\_\_\_\_

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

Code: \_\_\_\_\_

Refer a friend who may be interested in mentoring or would like more information about Futures for Children

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

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