



# TALKS Mentoring of Fountain County

## Mentor Application

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_

Ever convicted of a felony?: Yes \_\_\_\_\_ No \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of Children: \_\_\_\_\_

Employer: \_\_\_\_\_

Should TALKS contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list Supervisor's name, phone, and email information:

\_\_\_\_\_

Please list three character references with phone numbers.

#1 \_\_\_\_\_ Phone: \_\_\_\_\_

#2 \_\_\_\_\_ Phone: \_\_\_\_\_

#3 \_\_\_\_\_ Phone: \_\_\_\_\_

When can you start? \_\_\_\_\_

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

Send completed application to:  
TALKS Mentoring of Fountain County  
418 Washington Street, PO Box 188  
Covington, IN 47932  
Attn: Kathy Walker, Program Director  
Ph: 765-793-4881 Email: [kwalker@capwi.org](mailto:kwalker@capwi.org)