



TALKS Mentoring of Fountain County

Mentor Application

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: Elaina Smith, TALKS Coordinator
Ph: 765-793-4881 Email: esmith@capwi.org