



SMILE Volunteer Mentor Application Form

Please contact us if you have any questions while completing this application form.

Full Name: _____ Gender: _____

Address: (Apt/Street): _____ City: _____ Postal Code: _____

E-mail: _____ Primary Phone Number: _____ Cell/Home _____

Date of Birth: (M/D/Y) _____ **or** Age Range: 18 to 24 years old 25 years old and older

Are you a licensed driver? No G1 G2 G Do you have regular access to a vehicle? Yes No

What languages do you speak? _____

What is your cultural/ethnic/racial & faith background? _____

What is your profession/career/educational background? _____

Availability

How often do you see yourself being able to mentor: Weekly Every other week Monthly

Are you available to conduct in-person sessions with a mentee (where health permissions permit)? Yes No

When you consider your current schedule and commitments, when do you have time to mentor?
Please check off items below:

	Mornings (9 AM - Noon)	Afternoons (Noon - 3 PM)	After School (3 PM - 6 PM)	Evenings (6 PM - 9 PM)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Additional schedule comments: _____



Tell Us About Yourself:

What are your interests and/or hobbies? _____

What kind of activities would you like to do with a child/youth? (Indoor, Outdoor, Sports, Cultural, Hobbies)

Is there anything else you would like us to know about you? _____

Please email your completed form to volunteer@smilecan.org.