

KANCEPTIONAL
Foundation

3825 E. Calumet St.
Suite 400-248
Appleton, WI 54915-4195

Mentor Application

Thank you for your interest in becoming a mentor. The Kanceptional Mentoring Program provides a shared opportunity for learning and growth. In fact, many mentors say they are surprised and grateful for the experience because it is more rewarding than they imagined. We look forward to working with you and introducing you to your mentee.

First Name _____ MI _____ Last Name _____

DOB ____/____/____ Gender _____ Marital Status _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Alternate Phone _____ Race _____

Please enter any household dependent information below:

<u>Name</u>	<u>D.O.B</u>	<u>Gender</u>	<u>Residing with you</u>
			Y / N
			Y / N
			Y / N
			Y / N

Please list the name (s) of other members of your household and their relation to you:

Name _____ Relation _____

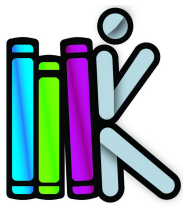
Name _____ Relation _____

Name _____ Relation _____

Kandi Neuber, President

Wiley Urban, Secretary

Michel Koski, Treasurer



KANCEPTIONAL
Foundation

3825 E. Calumet St.
Suite 400-248
Appleton, WI 54915-4195

Employment Information

Employer _____ Position _____

Address _____ Length at position _____

Hours of work _____ Work schedule _____

Work phone _____ Work email _____

List any experiences working or volunteering with people with disabilities:

Agency/Program	Date	Phone/Email
_____	_____	_____
_____	_____	_____

May we contact the above agencies? Yes _____ No _____

Education

High School _____ Recieved Diploma? Yes _____ no _____

College or Technical school _____

Year graduated _____ Degree/Major _____

Post Graduate School _____ Degree Earned _____

Vehicle Information

Do you hold a valid WI drivers license? Yes _____ No _____

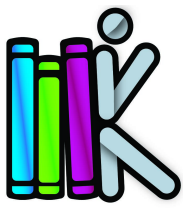
Vehicle Year _____ Make _____ Model _____

****please provide a copy of your Proof of Insurance Card with this application****

Kandi Neuber, President

Wiley Urban, Secretary

Michel Koski, Treasurer



KANCEPTIONAL
Foundation

3825 E. Calumet St.
Suite 400-248
Appleton, WI 54915-4195

Please answer the questions below:

How did you hear about our program?

What motivated you to inquire specifically about our mentoring program?

Why do you want to mentor an individual in our program?

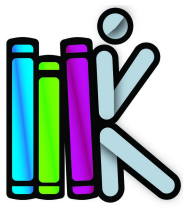
What are four words that you would use to describe you?

Do you have any physical, mental, or medical conditions which might affect the type of contact or frequency with a mentee? If so, please explain.

Kandi Neuber, President

Wiley Urban, Secretary

Michel Koski, Treasurer



KANCEPTIONAL
Foundation

3825 E. Calumet St.
Suite 400-248
Appleton, WI 54915-4195

Please list three references we may contact (limit to ONE relative)

NAME	Address street, city, state, zip	Phone #	Email Address

In completing the questionnaire, I understand there is no commitment to the agency that a mentee will be matched with me. I also understand that the agency is free to consult persons or agencies named herein. I hereby grant my permission to Kanceptional Foundation Mentor Program or their designee, to obtain references, records, DMV records, child welfare records, and any other records necessary to process my volunteer application.

I understand that the falsification of any information in this application constitutes grounds for rejection or termination from the volunteer programs within Kanceptional Foundation.

Signature_____Date_____

Please return via email or mail to: kanceptionalfoundation@gmail.com

Kanceptional Foundation, 3825 E. Calumet St. Suite 400-#248, Appleton, WI 54915

PLEASE MAKE SURE YOU HAVE INCLUDED ALL OF THE FOLLOWING:

- ☐ Records Check (separate document)
- ☐ Wisconsin Background Information Disclosure Form
- ☐ Copy of Proof of automobile insurance card

Kandi Neuber, President

Wiley Urban, Secretary

Michel Koski, Treasurer