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 Satus_____

Address _____

City_____ State_____ Zip Code_____

Phone_____ Email_____

Alternate Phone_____Race_____

Please enter any household dependent information below:

Name	D.O.B	Gender	Residing with you
			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_____

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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****

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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.

_____

_____

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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
