



MENTORING PROGRAMME

Mentor Application

1) Personal Details

Name: _____

Home Address: _____

Date of Birth: _____

Gender: _____

Preferred Contact Phone/Mobile: _____

Preferred Contact Email: _____

Employer: _____

Occupation: _____

2) Interests and Hobbies:

3) Languages spoken:

4) Have you lived abroad for longer than 6 months? Please explain:

References: Please state the names and addresses of three persons who can provide a character reference on your behalf. These three persons cannot be relatives and they must have known you for at least 3 years (personal) and 1 year (business). Please include past or present employer/co-worker as one of your three references.

1) Name: _____

Relationship to you: _____

Address: _____

Phone No: _____ Email: _____

2) Name: _____

Relationship to you: _____

Address: _____

Phone No: _____ Email: _____

3) Name: _____

Relationship to you: _____

Address: _____

Phone No: _____ Email: _____

With the completion of this application and my signature below, I recognise that I am merely applying to become a mentor and that neither I nor Crosscare is committed to my acceptance as a volunteer and/or my assignment to a mentee. I am willing to participate in the application process and I agree to share additional information with Crosscare when required.

Signature of Applicant: _____

Date: _____

Please return completed form and CV to: jobrien@crosscare.ie

Or

Joe O'Brien

Crosscare

1 Cathedral St.

Dublin 1

Tel:01-8732844

Closing date for applications is March 15th