



Mentor Application
Lewiston Recreation Department

Please return completed applications to:
AIM Program
Lewiston Recreation Department
65 Central Avenue, Lewiston, Maine 04240
nwelch@lewistonmaine.gov

Name: _____ Date: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Have you lived in the State of Maine for at least 5 years? ____ YES ____ NO

Primary Phone Number: _____ Secondary Phone Number: _____

Drivers License Number: _____ State: _____

Date of Birth: ____/____/____ Gender: Male Female Non-Binary Other

Employment History

Please provide employment information for the past five years, with the most recent position held first.
Please use an extra sheet of paper if needed.

Employer 1: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor's Name: _____ Title: _____

Phone Number: _____ Dates of Employment: _____ to _____

Position Held: _____

Employer 2: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor's Name: _____ Title: _____

Phone Number: _____ Dates of Employment: _____ to _____

Position Held: _____

Employer 3: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor's Name: _____ Title: _____

Phone Number: _____ Dates of Employment: _____ to _____

Position Held: _____

Personal References

Name: _____ Phone Number: _____ Relation to Applicant: _____

Name: _____ Phone Number: _____ Relation to Applicant: _____

Name: _____ Phone Number: _____ Relation to Applicant: _____

Application Questions

Please answer all of the following questions completely:

1. Why do you want to become a mentor?

2. Do you have any prior experience working with youth? Please explain.

3. What skills or personality traits do you have that you feel will help you connect with youth in a mentor/mentee relationship?

4. Mentors are expected to dedicate one year to the program, and spend 5-6 hours per month with the mentee. Can you commit to this time frame?

5. Would you prefer working in a 1:1 setting, or in a group mentorship setting?

6. If we were to contact a friend, colleague, or family member, how would they describe you?

7. Are you currently using any illegal drugs or controlled substances? If so, please explain.

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that All-In Mentoring, Lewiston Recreation Department, is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (OPTIONAL) I agree to allow All-In Mentoring, Lewiston Recreation Department, to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

The entirety of my above application is true and accurate, and I agree to all terms and conditions.

Applicant Signature: _____ Date: _____