

REFUGEE CAREER MENTORING PROGRAM

MENTOR APPLICATION

Designation: Mr. Mrs. Ms. Dr.

Name: _____

Home/Cell Phone: _____

Address: _____

Work Phone: _____

Employer Name and Address: _____

Size of employer (circle number of employees):

1-10

11-20

21-50

51-100

101-250

250+

Occupation: _____

Field: _____

How many years of professional experience do you have in your field? _____

In your current occupation? _____

How many hours would you like to contribute each month to mentoring? _____

Please give times when you are available throughout a typical week in the chart below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please email or fax the completed form to:

Allegheny County Department of Human Services

Immigrants and Internationals Initiative

Attn: Josephine Landback, josephine.landback@alleghenycounty.us

1 Smithfield Str., 4th Floor, Pittsburgh, PA 15222 412-350-7295 (phone)

Fax: 412-350-4004

OFFICE USE ONLY

After Match, Name of Mentee: _____