



**ALEPH  
INSTITUTE**  
No One Alone,  
No One Forgotten.

## Aleph Mentee Application

### PERSONAL INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ARE YOU AN EX-FELON?  Yes  NO Inmate #: \_\_\_\_\_

DATE OF RELEASE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PHONE: \_\_\_\_\_

WAS YOUR CRIME VIOLENT?  Yes  NO | WAS YOUR CRIME SEXUAL?  Yes  NO

### PROBATION/ PAROLE OFFICER

PAROLE/ PROBATION OFFICER'S NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRISON (IF CURRENTLY INCARCERATED) \_\_\_\_\_

PRISON NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DORM #: \_\_\_\_\_ BED #: \_\_\_\_\_

### RESIDENCY/HOUSING

WHERE DO YOU CURRENTLY LIVE? \_\_\_\_\_

IF CURRENTLY INCARCERATED, WHERE WILL YOU RESIDE ONCE RELEASED: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

How did you hear about the "Aleph Mentoring Program": \_\_\_\_\_

**1. Tell us your story**

a. Why are you here? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Do you struggle with addictions? \_\_\_\_\_

c. Do you have Kids? \_\_\_\_\_

d. Highest level of education? \_\_\_\_\_

e. Job skills \_\_\_\_\_

\_\_\_\_\_

f. Family life \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Why do you want a Mentor?** \_\_\_\_\_

---

---

**Addition Information** \_\_\_\_\_

---

1. I understand that I will be asked to complete periodic confidential surveys and/or questionnaires so that the Aleph Mentoring Program may conduct an evaluation of effectiveness of the program.
2. I understand that I can be terminated from this program for inappropriate behavior.
3. I agree to stay with the program for the entire year.
4. I attest to the truthfulness of all information listed on this application.

---

**Printed Name**

---

**Signature**

---

**Date**

Contact information:

**Aleph Institute**

*Mentoring Program*

5804 Beacon Street, Pittsburgh, PA 15217

412-421-0111 \* f: 412-521-5948 \* [www.alephne.org](http://www.alephne.org) \* [info@alephne.org](mailto:info@alephne.org)

**Please return to the Chaplain's Office**