



# Chesed Mentor Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Place of Worship/Organization Affiliation \_\_\_\_\_

1. Tell us your story...

a. Have you ever been convicted of a crime? \_\_\_\_\_

\_\_\_\_\_

b. Why are you interested in being a Mentor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Education level? \_\_\_\_\_

\_\_\_\_\_

d. What else do you do? (Job, kids, volunteer?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

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1. I agree to attend all training provided by The Aleph Institute.
  2. I agree to attend continuing education workshops as often as possible.
  3. I agree to a minimum time commitment of 1-3 hours per week for the length of one year.
  4. I agree to complete and submit a monthly report, every month.
  5. I understand that I will be asked to complete periodic confidential surveys and/or questionnaires so that the Chesed Mentoring Program may conduct evaluations of the effectiveness of the program.
  6. I agree to follow all the rules of the Chesed Mentoring Program as outlined in the mentor manual and the rules of the institutions I will visit.
  7. I understand and agree to keep all information about my Mentee confidential.
  8. I attest to the truthfulness of all information listed on this application.

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Printed Name

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Signature

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Date