



MENTOR APPLICATION

Dear Applicant:

Thank you for your interest in becoming a Mentor for our When You Smile We Smile, Inc Program. We look forward to connecting you with a Mentee that has similar interest and experience that you are interested in.

As a Mentor, you will have the opportunity to guide a mentee through a variety of channels. These channels may include weekly or monthly meetings with your mentee, attending events together, participating in activities, teaching leadership skills and assisting them when they're transitioning through rough times. Please note that the number of Mentors will depend upon the number of Mentees that apply, as well as your interest.

Therefore, it may take some time before you are connected with a Mentee. We will keep you updated on your acceptance and matching status, and we truly appreciate your interest in becoming a Mentor.

Thank you,

Carolann Rucker

Cofounder of When You Smile We Smile , Inc

*Please contact us at whenyousmilewesmileinc@gmail.com. If you would like to learn more about our nonprofit organization please visit us on facebook <https://www.facebook.com/whenyousmilewesmileinc/> . If you would like to donate to our cause please go to <https://www.paypal.me/whenyousmilewesmile>



Personal Information

Name _____ Date _____

Street
Address: _____

City: _____ State: _____
Zip: _____

Home Phone: _____ Work Phone: _____

Cell phone: _____

Date of Birth: _____ Age: _____

Gender: ☐ Male ☐ Female Ethnicity: ☐ White ☐ Hispanic ☐ African

American ☐ Asian ☐ Other (please specify) _____

Emergency Contact Name: _____

Phone Number: _____



Application Questions

Please answer all the following questions as completely as possible. If more space is needed, use an extra set of paper. The answers to these questions will aid us in the matching process.

1. Why do you want to become a mentor with When You Smile We Smile?

2. Briefly describe your expectations of the mentoring program.

3. Are you available to meet with a mentee a minimum of one hour every week?
____ Yes ____ No
4. What are your hobbies and interests?

5. Have you volunteered with a program like ours before and if so where?

6. What situation between you and your mentee that would make you end the relationship?

7. What qualities and characteristics would you bring to this position?

8. Can you provide any additional information that may help in matching you with the right mentee?



9. Do you have a religious preference you would like us to consider?

10. Tell us about one of your biggest accomplishments and how it made you feel?

11. Have you had any run in with the law in the last 7 years that may prevent you from passing our background check?

Please read carefully before signing:

We appreciate your interest in joining our program as a volunteer mentor.

After receiving your completed application, we will evaluate the information you provided and contact you via email to let you know the results.

Much of the information will be used to match you with the appropriate mentee.

However, we do not reveal names until there is an initial interest from the mentee, parent/ guardian and the mentor.



By signing below, I attest to the truthfulness of all information listed on this application and agree to all of the above terms and conditions.

Mentor Signiture & Date:

Please return or mail this application and all items listed above to

When You Smile We Smile Inc.
320 E Clayton Street Suite 501b
Athens, Ga. 30601

If you have any questions please contact Knowa Johnson @ 678-740-3884
Brandon Rucker @ 706-340-7215 or Carolann Rucker @ 706-372-9692