



MENTOR APPLICATION

First Name:		Last Name:	
Email:			
Home Phone #:		Cell Phone #:	
Address:			
City:		State:	Zip:
Date of Birth: *		SSN #: *	
*Background checks are completed on each applicant 18 years or older.			
Place of Employment:			Phone #:
Position:			
Education	<u>Name of School</u>	<u>Major</u>	<u>Year Graduated</u>
High School			
College			
Other			
Languages Spoken			
Hobbies			

Have you had any experience working with young girls? Explain:

Please tell us why you want to join the Dream Angels?

What are your personal strengths? (Use back if necessary)

Have you been convicted of a felony? ___Yes ___No If yes, please explain on back.

Personal References: (No relatives)

Name:	Phone #:
Name:	Phone #:
Name:	Phone #:

Signature _____ Date _____

Please mail completed application to: Dream Angels, 9090 Skillman, #182-A, PMB 213, Dallas, TX 75243