

REV. John Davids Offender Mentoring/ Reentry Program

**Our Lady of Mount Carmel
235 East State St, Doylestown, PA. 18901**

Volunteer Application

Name: _____ D.O.B. _____

Address: _____

Telephone: Home: _____ Business: _____ E-Mail _____

Education: _____

Brief Experience: _____

What are your desires in becoming a mentor? _____

What strengths and abilities can you bring to mentoring? _____

Can you commit to mentoring, for what period and do you have time limitations?

Have you any previous volunteer experience? Have you held a leader/supervisory position in any work or church effort? _____

Do you have any reservations about working with offender reentry? Explain. _____

Please list three references that we may contact:

Name:	Address:	Phone:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Return to:

Louis Naglak

25 Townview Dr., Doylestown. PA. 18901 ; 215-348-2583

Signature

Date: _____