



ISAAC'S POWERHOUSE

The Benjamin School Parent PowerHouse Isaac's House PowerHour

ISAAC'S HOUSE MENTORSHIP APPLICATION

(REV. 11/2009)

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: () _____ - _____

EMAIL: _____ DATE OF BIRTH: ____/____/____

OCCUPATION: _____

SCHOOLS ATTENDED: _____ HIGHEST DEGREE: _____

MENTORSHIP AREAS *(choose all that apply)*

- Tutoring Physical training/ Nutritional Support Confidence Building/Social Networking
- Internship Spiritual Leadership Other: _____

INTERESTS *(chose all that apply)*

- Academic Fair Debates Performing Arts (Participate) Workshops
- Athletics (Participate) Exercise Performing Arts (Watch) Writing
- Beauty Fashion Religious Zoo
- Books Graphic Arts Sporting Events Other: _____
- Career Planning Lectures Technology _____
- College Planning Museums Tutoring _____
- Culinary/Cooking Visual Arts _____

HOURS DESIRED: *(suggested commitment is 4 hours per month)* _____

- Weekly Bi-weekly Monthly
- Sundays Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays

Do you consider yourself a Christian? YES NO

Do you attend church? YES NO Are you affiliated with any church? YES NO

Have you ever been treated for or diagnosed with a mental illness? YES NO

All mentors are required to undergo a background check. Are you willing to submit one? YES NO

WHERE DO YOU SEE YOURSELF RIGHT NOW IN YOUR DEVELOPMENT IN THE FOLLOWING AREAS:
Rank each from 1 to 10, 1 being furthest from your goals, 10 being at your goals.

Career	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Spiritual	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Education	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Financial	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Property Ownership	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Personal Life	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Parental Role	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

WHERE DO YOU SEE YOURSELF TWO YEARS FROM NOW IN THE FOLLOWING AREAS: *(describe)*

Career

Spiritual

Education

Financial

Property Ownership

Personal Life

Parental Role

Please return completed form to Isaac's PowerHouse:

Fax: 404.636.8672

E-mail: info@isaacspowerhouse.org

Mail: P.O. Box 902, Hiram, Georgia 30141