



OF SANTA BARBARA, INC.  
A Volunteer Hospice Organization

# MENTOR APPLICATION

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

Address: \_\_\_\_\_ Phone: Home: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Phone: Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address \_\_\_\_\_ Fax: \_\_\_\_\_

Best way to contact you: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Are you presently working/studying? \_\_\_\_\_ Full  or Part-Time

Occupation/course of study? \_\_\_\_\_

Will you be able to commit to:  2 hrs a week  help with time-specific projects?

Specify times during the week/weekend that you are available:

Weekdays:  Morning  Afternoon  Evening

Weekends:  Morning  Afternoon  Evening

What languages do you speak? \_\_\_\_\_

Please list your skills and interests which may help us match you with a child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical or physical conditions or limitations?  Yes  No

Describe: \_\_\_\_\_

Are there situations you would not be comfortable with (i.e. cigarette smoke, pets,)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





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9) Do you anticipate anything that might interfere with fulfilling the commitment to HSB (e.g. family obligations, possible plans for relocation, future study)?

10) Please add any additional thoughts or comments you would like to share.

11) Please tell us how you heard about the IHAF® Mentor Program.

**New Mentor volunteers will be asked to make a minimum one year commitment to Spend 2 hours per week with their Mentee and to attend monthly support group meetings. Upon completion of the training, a background check and fingerprinting will be required.**

**Thank you for considering Hospice of Santa Barbara, Inc., as an opportunity for volunteering and service. We appreciate the time and thought involved in completing this application.**

**Please return this application to:**

**Hospice of Santa Barbara, Inc.  
2050 Alameda Padre Serra, Suite 100  
Santa Barbara, CA 93013  
805.563.8820  
contact@hospiceofsantabarbara.org  
www.hospiceofsantabarbara.org**