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**3 Cups of Coffee®**

**Mentee Intake Form**

**Personal Data**

Referral Source Application Date

Name

 First MI Last

Address

 Street/Box City Zip Code

Phone number: Email Address

Birth Date**:**

Gender: [ ] Female [ ] Male Are you a Veteran? [ ] Yes [ ]  No

Ethnic Background: [ ] Native American/Alaska Native [ ] Hawaiian Native/Pacific Islander

[x] Caucasian [ ]  Asian [ ]  African American [ ]  Hispanic/Latina [ ]  Other

Marital Status: [ ]  Single [ ]  Separated [ ] Divorced [ ] Married [ ] Widowed

# Dependent Children Ages of Children

Annual Household Salary:

Amount of Child Support: Amount of Public Assistance:

In order to qualify for 3 Cups of Coffee®, you must meet **all** of the following requirements. Please check the line to indicate that you have met the qualification:

\_\_\_\_\_ Have a minimum of a high school diploma or GED;

\_\_\_\_\_ Have basic computer skills, reliable internet access, and a professional-looking email address;

\_\_\_\_\_ Have a reliable source of transportation;

\_\_\_\_\_ Be in the process of having her record expunged if she has a criminal record;

\_\_\_\_\_ Have specific career goals and/or a desired job sector identified;

\_\_\_\_\_ Be highly motivated to find employment and committed to completing the three mentoring sessions of the program;

\_\_\_\_\_ Have a current completed resume; and

\_\_\_\_\_ Have a professional demeanor, positive attitude, and respectful behavior toward program staff and volunteer mentors.

**Work and Educational Data**

Education (highest grade completed):

HS Diploma: [ ]  Yes [ ]  No GED [x] Yes [ ]  No Year of GED/Diploma\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# yrs completed college: Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree □ Yes □ No Year Graduated \_\_\_\_\_\_\_\_\_\_\_ College Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vocational/Enrichment Training (# yrs completed: Curriculum\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Vocational/Enrichment School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? [ ] Yes [ ]  No If yes, [ ]  Full Time [ ]  Part Time

Place of Employment: Position:

**Work History (Please list previous two jobs and/or attach a current resume)**

Dates Employer Job Title Reasons for Leaving

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

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**Employment Goals**

What type of work do you want to do (job sector/industry)? Be specific. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the barriers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your work-related skills and/or hobbies:

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**Physical Health**

[ ]  Excellent [ ] Good [ ] Fair [ ] Poor

Do you have any physical limitations that may interfere with your ability to perform certain types of work?

[ ]  Yes [ ] No

If yes, please explain:

[ ]  I am serious about participating in the 3 Cups of Coffee ™ Program and will comply by the rules of the

 Program.

[ ]  I am an ex-offender or have addiction problems.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please direct all questions and return this form to: Jill Beres, Workforce Development Manager,** **jberes@britepaths.org****, office 703-273-8829 ext. 102 fax 703-273-713**