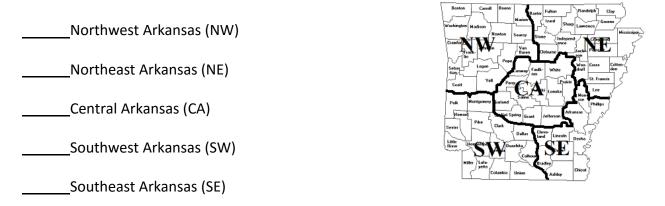


Fatherhood Mentor Application Form

The Arkansas Fatherhood and Family Initiative: Fathers Engaged and Empowered to Learn is looking for male role models to work with and serve as mentors to fathers who wish to strengthen their family foundation, reverse the "absentee father" trend, and increase the skills in building and maintaining healthy relationships. Please complete the application and return to Ivory Daniels or Jackie Govan. If you have any questions, please contact the Fatherhood Mentoring Program at 501-371-0740. All information provided will be kept confidential.

1.	Name:		
2.	Affiliation/Employer:		
3.	Title/Position:		
	Mailing Address:		
	Phone:		
6.	5. E-mail Address:		
7.	Working Languages: Spanish and/or English (if any)		
8.	Education and/or special training for mentoring or coaching (if any)		
9.	How much experience do you have working as a mentor?		
10. How many hours would you like to commit to working as a Mentor each month?			
11. Do you have any preferences regarding the Mentee you wish to be paired with?			
12.	Are you willing to spend 2-4 hours in mentor training?YesNo		

13. Please identify which area of the state you reside in:



14. Are you willing to consistently work with a school district in your area of the state? ____Yes___No

If yes, please name the school district and school.

School District	Schools
1.	
2.	
3.	

15. Please submit any questions you may have regarding committing your time as a State Fatherhood Mentor.

The Fatherhood Mentor Chair will follow-up with all applicants within 30 days.

Please submit all applications to:

E-mail: Ivory Daniels, ivory.daniels@dhs.arkansas.gov or Jackie Govan, jackie.govan@arheadstart.org

Mail: Arkansas Head Start State Collaboration Office 1400 West Markham, Ste 406 Little Rock, AR 72201 (501) 371-0740 or (501) 831-1153

