

**Andover, Hebron, Marlborough
Youth and Family Services, Inc.**

25 Pendleton Drive, Hebron, CT 06248
Phone (860)228-9488 Fax (860)228-1213
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LANTERNS MENTOR APPLICATION

Please print legibly and complete the entire application.

Personal Data

Name: _____ E-mail: _____

Social Security Number: _____ Date of Birth: ____/____/____

Address: _____

City, State, Zip Code: _____

How long have you lived at this address? _____

If less than two years, please list previous address: _____

_____ Dates at this address: _____

Phone: (home) _____ (work) _____ (cell) _____

Best time/ place to be reached: _____ May we call you at work? _____

Marital status: Single Married Separated Divorced Widowed

Significant Other: _____

Names and ages of children: _____

Do you belong to any civic, social, or professional organizations? Yes No

If so, please list: _____

Have you ever been convicted of a felony or do you have any felony charges pending against you? Yes No

If the answer to the previous question is in the affirmative, please explain:

**LANTERNS MENTOR PROGRAM COORDINATOR
LAURIE LARSEN (860) 228-0871**