



3097 Kalihi Street, Honolulu, HI 96819  
 Mentoring Children of Promise Program  
 Mentor Application

Last Name		First Name		Middle
Address:		City:		Zip Code:
Home Ph:		Cell #		E-mail
Gender:		Date of Birth:		SSN:
1) Employer:			Supervisor Name:	
Address: (include City and Zip)				
Work Phone:			Occupation:	
How Long Employed?			OK to contact at work? Y N	
2) Employer:			Supervisor Name:	
Address: (include City and Zip)				
Work Phone:			Occupation:	
How Long Employed?			OK to contact at work? Y N	
3) Employer:			Supervisor Name:	
Address: (include City and Zip)				
Work Phone:			Occupation:	
How Long Employed?			OK to contact at work? Y N	
Emergency Contact:		Relationship:		Phone:
Health or physical limitations or special needs of which we should be aware? (Including allergies, medicinal needs, etc.) Please explain:				
Driver's License #:		State of Issue:	Exp. Date:	
Car Insurance Provider:			Exp. Date:	

How did you hear about KOKA's Mentor Coalition?
Why did you choose KOKA's Mentor Coalition for your volunteer opportunity?
Are you volunteering to fulfill an obligation?      Y      N For school/Job/Court/Other (Please circle and explain)

