



**City Mentors Pre-Application**

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Phone: (Work): \_\_\_\_\_ (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Division: \_\_\_\_\_ Position Title: \_\_\_\_\_

Supervisor: _____	Supervisor's Email: _____
Payroll Coordinator: _____	Payroll Coord. Email: _____
Director: _____	Director's Email: _____
Commissioner: _____	Commissioner's Email: _____

**Program Preference**

(Indicate your top preference):

- Big Brothers Big Sisters
- Fayette County Public Schools
- Lexington Leadership Foundation
- LFUCG Parks & Recreation

Day/time you wish to mentor each week: \_\_\_\_\_

Why are you interested in becoming a City Mentor?

Please list any interests, hobbies or special skill you have that may be used to match you with a mentee:

**Signatures:**

Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Director: \_\_\_\_\_ Commissioner: \_\_\_\_\_

*Submitting this form to Briana Persley at [bpersley@lexingtonky.gov](mailto:bpersley@lexingtonky.gov) indicates that the employee is approved to participate in the City Mentors Program by their Department and will be referred to a City Mentors program partner. The employee will be contacted by the City Mentors program partner to begin their application, background check and training process needed to be matched with a mentee.*