



Miss Ruby's Kids  
Parent-Child Home Program  
(843)-436-7197

PO Box 1007  
Georgetown, SC 29442

**MRK Education Mentor Application**

**Personal Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_  
Languages Spoken Fluently \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Education**

High School \_\_\_\_\_  
Address \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ Years Completed? \_\_\_\_\_

Technical College/University \_\_\_\_\_  
Address \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ Years Completed? \_\_\_\_\_  
Degree \_\_\_\_\_ Major \_\_\_\_\_

Other \_\_\_\_\_  
Address \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ Years Completed? \_\_\_\_\_  
Degree \_\_\_\_\_ Major \_\_\_\_\_

**Paid Work Experience (Begin with most recent position.)**

(1) Dates of Employment: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position(s) Held \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

(2) Dates of Employment: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Volunteer Experience** (Please begin with the most recent.)

(1) Dates: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Position \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

(2) Dates: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Position \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**References** (Please do not include relatives.)

(1) Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(2) Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you learn about the Education Mentor Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Statement**

Summarize your experience with children and what interests you about the MRK Education Mentor Program as well as the specific skills and qualifications that make you a good fit as an Education Mentor for **Miss Ruby’s Kids**.

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I certify that all above information is correct to the best of my knowledge. I understand that serving as an Education Mentor is a minimum one-year commitment and that my name will be submitted for background checks. I agree to attend all orientation and professional training workshops (approximately 10 hours) required by **Miss Ruby’s Kids** if accepted as a MRK Education Mentor.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_