



**Scarborough
Women's
Centre**

2100 Ellesmere Road, Suite 245, Scarborough, Ontario M1H 3B7
TEL. (416) 439-7111 FAX. (416) 439-6999 TDD (416) 439-7321
email: casemanager@scarboroughwomenscentre.ca
web: www.scarboroughwomenscentre.ca

Application for Women Seeking Support

Please fill out this form if you are interested in being matched with a mentor. We offer two types of mentoring:

1. Supportive Mentoring []
2. English Conversation/Literacy/Mentoring/Tutoring []

Date: _____ How did you hear about this program? _____

Name: _____

Address: _____ Apt. # _____

City: _____ Postal Code: _____

Main Intersection: _____ Means of Transportation: _____

Phone #s: Home: _____ Work: _____

Email: _____

1. Would you like to be added to our mailing list? Yes [] No []

2. Would you like to become a member of SWC? Yes [] No []

3. What language(s) do you speak?

4. Are you currently employed? Yes [] No []

5. When are you available to meet your mentor? (Days and Times)

6. Why would you like to be matched with a mentor?

7. What types of activities or contact would you like to have with your mentor?

The Case Manager will call you to set up an appointment to meet with a mentor. Those interested in English Conversation must complete their formal ESL training before being matched with a mentor.

There is a waiting list to be matched with a mentor. We will contact you as soon as we have a mentor available.

Thank you for your interest.

10/05.