



**VIRGINIA
FUNERAL DIRECTORS
ASSOCIATION**

P.O. Box 395, Hanover, VA 23069
P: (804)264-0505 • F: (804)264-3260 • www.vfda.net

Virginia Funeral Directors Association Mentor Program Mentor Application

Dear VFDA Volunteer Mentor,

We are delighted that you've chosen to be considered as a role model for funeral service professionals through the Virginia Funeral Directors Association (VFDA) Volunteer Mentor Program. This is an opportunity for professionals like yourself to serve as a trusted and experienced adviser to other funeral service professionals. The VFDA mentors work to shape their mentees into future leaders, rather than simply good followers. The long-term impact of mentoring can offer life- and career-changing benefits to you both. We appreciate you taking the time to complete the following in-depth application for consideration.

Name: _____ **Date:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Firm Name: _____ **Title:** _____

Current job responsibilities:

Brief description of career background and skills:

Have you ever volunteered as a mentor before? ___ Yes ___ No

What experiences have you had as a mentor/positive role-model to professionals?

What do you hope to accomplish as a VFDA Mentor?

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How would you describe your personality? Check all that apply.

Encouraging Friendly and Outgoing Talkative Funny Laid Back
Serious Motivational Reserved Quiet

What do you do in your free time?

Watch movies/Listen to Music/ Enjoy the Outdoors/ Play Sports/ Garden/ Read/ Enjoy Your Hobby/ Other (Please List):

Three horizontal lines for free time activities.

Please rank your confidence in your ability to mentor on items listed below (1 lowest-5 highest):

___ Financial Reports (understanding them to make business decisions)
___ Team Building / Growing Team Success ___ Managing Change
___ Networking (creating meaningful industry connections) ___ Time Management

Please prioritize the following criteria you would prefer in a mentee:

___ Same gender ___ Same ethnicity ___ Similar personal interests
___ Similar background ___ No preference Other: _____

Mentors in the VFDA Volunteer Mentor Program will be required to attend an intensive training session, are you willing to attend this training? ___ Yes ___ No

How did you learn about the VFDA Volunteer Mentor Program? _____

REFERENCES (no relatives please):

Provide complete information below.

(1) Reference

Name: _____
Relationship: _____
Work Phone: _____ Cell Phone: _____
Email: _____

(2) Reference

Name: _____
Relationship: _____
Work Phone: _____ Cell Phone: _____
Email: _____



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The information provided above is accurate and I understand that the VFDA will contact the references listed above. ___ Yes ___ No

Applicant's signature: _____ Date: _____

Please contact the Virginia Funeral Directors Association office at (804) 264-0505 if you have questions.