



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 Mentee Application

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Firm Name/School: _____

Expected Graduation Date (if applicable): _____

Please answer the following questions with 3-5 sentences.

1- Why are you interested in being paired with a mentor? What do you hope to get out of the program?

2- Tell us about your previous experience or involvement in student organizations or clubs?

Have you ever participated in a mentoring program before? ___ Yes ___ No

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

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

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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):

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

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

How did you learn about the VFDA Mentoring 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: _____

The information provided above is accurate and I understanding 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.