



Family Nurture Committee
Ohio State University Extension
Clinton County
111 S. Nelson Avenue
Wilmington, OH 45177



Family Nurture Budgeting Mentor Program

Volunteer Application

Name: _____

Address: _____

Telephone: _____ Best time of day to reach you _____

Email: _____

Please give a brief description of your experience with financial management.

Do you have experience with filing bankruptcy? _____

Do you have experience interpreting a credit report? _____

Do you have experience working one on one with limited resource individuals? _____
If so, please describe

In a few words tell us why you are interested in helping families with limited resources.

How many hours per week are you available to mentor? _____

Are you willing to have partner families contact you at home? _____

In order to best serve our families we require a 2-year commitment from volunteers.

Please sign and return to the above address

Signature

Date