

# Mentor Application

Applicant Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Social Security # \_\_\_\_\_

Education Level/Special Training \_\_\_\_\_

\_\_\_\_\_

Have you ever served as a volunteer? \_\_\_\_\_ If yes, ? \_\_\_\_\_

Type of service performed \_\_\_\_\_ How long? \_\_\_\_\_

Special Skills, Talents, or Hobbies \_\_\_\_\_

In which schools are you willing to serve? (List all that apply.) \_\_\_\_\_

\_\_\_\_\_

What day/days are you available to serve? (Circle all that apply.) M T W Th Fr

What times between 8 a.m. and 2 p.m. is best for you to mentor? \_\_\_\_\_

\*\*Lunch times work best for our students, if coordinated with your lunch.

In case of emergency, who should we contact? \_\_\_\_\_ Phone \_\_\_\_\_

Why do you wish to be involved with a student?

\_\_\_\_\_

It is understood that I am offering my services to \_\_\_\_\_ (local program) without compensation and without any rights to health benefits in case of injury. I hereby give my permission for \_\_\_\_\_ (name of organization conducting background check) to perform a background check so that I may be eligible to become a mentor and give \_\_\_\_\_ (local program) permission to release my name to Take Stock in Children.

\_\_\_\_\_ signature

\_\_\_\_\_ date