



MENTOR APPLICATION

Revision: 3

MISSION

To prepare African American high school students for transformative leadership in college, careers, and community



MENTOR APPLICATION

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PERSONAL INFORMATION

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Work phone: _____

Date of Birth _____ Gender: Male Female

EMPLOYMENT HISTORY

Please provide your most recent employment. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year) Position Held: _____

APPLICATION QUESTIONS

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

Why do you want to become a mentor?

Do you have any previous experience volunteering or working with youth? If so, please specify.

What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

Can you commit to participate in the LOT-TC Mentoring Program for a minimum of one year from the time you are matched with a youth?

Are you available to meet with a child four to eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.

Have you ever been arrested or convicted of a crime?

Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched?



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PLEASE READ THIS CAREFULLY BEFORE SIGNING:

LOT-TC Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that LOT-TC Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ I agree to allow LOT-TC Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Proof of valid driver's license and auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

Please return or mail this application and the items listed above to LOT-TC Recruitment Coordinator, National Black MBA Association Twin Cities Chapter, P.O. Box 580937, Minneapolis, MN 55401 | nbmbaa.lot.tc@gmail.com | 612-LOT-6006



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INFORMATION RELEASE

I, _____, understand it will be necessary for LOT-TC Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize LOT-TC to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for LOT-TC to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature

Date

Full Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____

Social Security Number (optional) ____/____/____

Current Driver's License No. _____ State: _____

PERSONAL REFERENCES

Please list the names, addresses, and phone numbers of people you would like to use as character references (only people you have known for at least a year). Provide at least one reference. Any information LOT-TC Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____