



## B.E.A.U.T.Y. Mentoring Program MENTOR APPLICATION

*Please write clearly and answer every question*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

1

How did you hear about B.E.A.U.T.Y. Mentoring Program?

### VOLUNTEER INFORMATION

2

Please indicate your grade preference:  Middle/Junior High School  High School

3

What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program?

4

What are your interests and how do you enjoy spending your free time?

5

Write a brief statement on why you have chosen to participate in the mentor program.

6

Initial the two statements below:

\_\_\_\_\_ I understand that the mentor program involves spending a minimum of one hour every week for the academic year at a school with an assigned student.

\_\_\_\_\_ I understand that I will be required to complete the mentor program orientation and at least two training sessions during the year.

7

Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

Yes  No

8

Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question 7?

Yes  No

9

If the answer is YES to questions 7 or 8, please explain below:

10

Educational background (check one):

- |   |   |
|---|---|
| <input type="checkbox"/> Some high school     | <input type="checkbox"/> College graduate             |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> Some college         | <input type="checkbox"/> Technical school             |
| <input type="checkbox"/> Other: _____         |   |

11

What days of the week are you available to volunteer? (check all that apply):  
 SUN    MON    TUES    WED    THU    FRI    SAT

12

What is the best time for you to volunteer? (check all that apply):  
 Morning    Afternoons    Evenings    Weekends

**REFERENCES**

Please list three (3) references (please include at least one family member, one personal friend and one work reference):

Print Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Print Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Print Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In making this application to be a volunteer, I understand that the B.E.A.U.T.Y. Mentoring Program routinely performs criminal and driving record checks of all volunteers for the position of mentor for which I am applying. This check may be done on me if I sign below. If I fail to sign, it may be grounds for rejecting me as a mentor.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TIME SCHEDULE

Please use a pen or marker and color in the spaces that you are busy. Leave the spaces open when you are free. This way we can match you with a mentee with the same schedule.

	SUN	MON	TUE	WED	THU	FRI	SAT
9AM							
10AM							
11AM							
12PM							
1PM							
2PM							
3PM							
4PM							
5PM							
6PM							
7PM							

The B.E.A.U.T.Y. Mentoring Program is a long-term commitment, and we ask that you take the responsibilities given to you seriously. As a mentor, **you are required to meet with your mentee for at least 2-3 hours a week**. In addition, you must attend monthly group activities as well as weekly meetings with the directors and other mentors. These requirements help to ensure that a one-on-one relationship can be developed between you and the mentee. Though the program is flexible we expect the above outlined from our mentors.

By signing below, you are verifying that the information in this application is true to your present knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for applying to the B.E.A.U.T.Y. Mentoring Program! Upon receiving and reviewing your application, we will contact you for an interview.

## PHOTOGRAPHY CONSENT RELEASE

I, (print name) \_\_\_\_\_, hereby grant permission to B.E.A.U.T.Y. Mentoring Program representatives, to take and use: photographs and/or digital images of me for use in news releases and/or promotional materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of B.E.A.U.T.Y. Mentoring Program representatives.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_