



## MENTORING PROGRAM MENTOR ENROLLMENT FORM

**Full Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
(First, Middle, Last) (MM/DD/YYYY)

**Home Address:** \_\_\_\_\_  
(Street, City, State, Zip)

**E-Mail:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**How do you describe yourself (optional)?**

\_\_\_\_\_ **American Indian/Alaskan Native**  
\_\_\_\_\_ **Black (non-Hispanic, Caribbean)**  
\_\_\_\_\_ **Black (African-American)**  
\_\_\_\_\_ **Asian or Pacific Islander**

\_\_\_\_\_ **Hispanic/Latino**  
\_\_\_\_\_ **White (non-Hispanic)**  
\_\_\_\_\_ **Bi or Multi Racial**  
\_\_\_\_\_ **Other - Explain**

**Occupation:** \_\_\_\_\_

**Educational Background:**

<b>Graduate/Professional School</b>	<b>Name of School</b> _____
<b>Technical School</b>	<b>Name of School</b> _____
<b>College Graduate</b>	<b>Name of School</b> _____
<b>Other (please specify)</b> _____	

**Why do you want to be a mentor?** \_\_\_\_\_

**Have you been involved in other programs/activities involving young people? (explain briefly)**

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

Do you have a Drivers License? No \_\_\_\_\_ Yes \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced/Widowed \_\_\_\_\_

Do you have children? \_\_\_\_\_ Please give ages \_\_\_\_\_

Employer: \_\_\_\_\_

Current Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Previous Employment (within last 5 years):  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any disabilities which require special accommodations? (please explain)  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the time commitment you plan to give to the YSLPP Mentor Program

\_\_\_\_\_ 1 year \_\_\_\_\_ 2 years \_\_\_\_\_ 2+ years

**REFERENCES:** Please list two references (*not relatives*) who have known you for at least one year whom we may contact.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

*If you are a returning mentor, when were you first assigned to your mentee?* \_\_\_\_\_

*Who was your mentee?* \_\_\_\_\_

**GENERAL INFORMATION** (If you are a new mentor please be sure to fill out this entire form. If you are a returning mentor you may stop here.)

1. Do you prefer working with a particular grade level (please mark all that apply).

\_\_\_\_\_ 7th grade \_\_\_\_\_ 8th grade \_\_\_\_\_ 9th grade \_\_\_\_\_ 10th/11th grade \_\_\_\_\_ No preference

2. Please answer each of the following:

	<u>Yes</u>	<u>No</u>	<u>No Preference</u>
I am willing to be interviewed as part of the assessment process	_____	_____	_____
I prefer working with a quiet, reserved child	_____	_____	_____
I prefer working with an outgoing child	_____	_____	_____
I prefer working with a student from a specific racial/ethnic group	_____	_____	_____
If yes, please specify racial/ethnic group _____			
I speak a foreign language	_____	_____	_____
If yes, please specify _____			

3. What special skills or talents do you have? (please specify) \_\_\_\_\_

\_\_\_\_\_

4. Do you have any hobbies or interests? (please specify) \_\_\_\_\_

\_\_\_\_\_

5. What individual has served as a role model for you? Why? \_\_\_\_\_

\_\_\_\_\_

6. If you could recommend one book for your mentee to read, what would it be? \_\_\_\_\_

\_\_\_\_\_

7. Is there additional information you would like to share? \_\_\_\_\_

\_\_\_\_\_

*If you become a Mentor, you will be asked to agree to the following basic requirements:*

1. To serve as a Mentor for at least *one year*.
2. To maintain *contact* with the student and to meet face to face with the student at least every month.
3. To attend a Mentor Orientation arranged by the YSLPP and to participate as much as possible in Mentor support sessions.
4. To be *dedicated* and *dependable* in trying to assist the student to achieve academic and personal goals; to base your relationship with the student on respect for the student and the student's family; and to preserve the *confidentiality* of all information learned about the student and the student's family.

*I certify that the information above is correct to the best of my knowledge. I grant permission to contact the references provided.*

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Signature

Date

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Notary Public

**This form must be Notarized.**

**UTICA COLLEGE REQUIRES A BACKGROUND CHECK FOR ALL APPLICANTS. A SEPARATE FORM FOR THE BACKGROUND CHECK WILL BE PROVIDED.**

**CURRENT UTICA COLLEGE and UTICA CITY SCHOOL DISTRICT EMPLOYEES ARE EXEMPT AS BACKGROUND CHECKS HAVE ALREADY BEEN DONE.**

**CHECK THE BOX BELOW IF YOU ARE A CURRENT UC or UCSD EMPLOYEE.**

*Thank you for taking the time to complete this application and for wanting to make a difference in a child's life.*