

# CIS ENCOURAGERS MENTORING PROGRAM

## Mentor Application

Date: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender: Male Female

### Employment History

I am presently:  Working Full-Time  Working Part Time  Homemaker  
 College Student  Retired  Unemployed

Job Title/Position \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Educational Background

High School Graduate  Attending College  Vocational School  
 College Student  Graduate School  Technical School

### Hobbies and Interests (Please circle all that apply)

Basketball	Camping	Karate	Cooking	Swimming	Football
Shopping	Writing	Reading	Computers	Baseball	Dancing
Travel	Music	Gardening	Crafts	Hiking	Cars
Art	Tennis				

Do you have any previous experience volunteering or working with youth? \_\_\_\_\_

If so, with what group or organization? \_\_\_\_\_

### Classification Information

Sex:  Male  Female      Age:  Under 21  21-34  35-49  50-64  65+

## Preferences

(Preferences will be honored whenever possible)

Do you have a preference? \_\_\_\_\_ If yes, please circle your choice.

**Grade:** 6    7    8

**Sex:** M    F

## References

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

## WORK RELATED

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

**PLEASE LIST THREE PERSONS WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS.  
(ONE MUST BE WORK RELATED.) BY SUPPLYING THIS INFORMATION, YOU ARE  
GRANTING US PERMISSION TO CONTACT THESE INDIVIDUALS.**

How did you hear about the CIS Encouragers Mentoring Program? \_\_\_\_\_

## Terms of the CIS Encouragers Mentoring Program:

1. Must spend at least thirty minutes, three weeks a month with your mentee (student) for one year.
2. Attend a one-hour training workshop.
3. Complete mentee contact sheet during each visit with mentee.
4. Complete a brief project evaluation at the end of the school year.
5. Consent to a background check.
6. Participate in quarterly group activities.

## Please read this carefully before signing:

CIS Encouragers 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 CIS Encouragers Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ I agree to allow CIS Encouragers 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:

- Copy of your valid driver's license
- Information Release 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. I affirm that I am not now, nor have I ever been engaged in criminal activity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE RETURN FORM TO:

CIS ENCOURAGERS MENTORING PROGRAM  
P.O. 1726 515 2ND AVENUE  
ALBANY, GA 31702-1726

**THANK YOU FOR YOUR WILLINGNESS TO SHARE YOUR TIME AND TALENT!!**