



Mentor Application

Please type or print clearly

*Name: (Last)	*(First)	*(Middle Initial)
*Email:	*Phone:	

Employment

Profession:	Job Title:	
Employer:	Supervisor Name/Title:	
City:	State:	Zip:
Street Address:	Work Phone:	Work Fax:

Education

High School Attended	Name & Location:	Graduation Date:
University/College	Name & Location:	
	Major:	Dates attended: Degree:
Graduate School	Name & Location:	
	Field:	Dates attended: Degree:
Military Service	Branch, rank, dates of service:	

History of Working with Youth

Are you willing to have more than one mentee? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many:
Have you ever worked as a mentor? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, briefly describe your experience, responsibilities, and group(s) with whom you worked.

To what extent do you feel comfortable talking to others individually about the following?

	Very	Somewhat	Slightly	Not at all
A) Academic Skills				
B) College Planning				
C) Career Planning/Job Preparation				
D) Job Skills				
E) Personal Issues				

General Information

Hobbies and favorite recreational activities (please check all that apply):			
<input type="checkbox"/> Computers/Video Games	<input type="checkbox"/> Museums	<input type="checkbox"/> Attending Plays	<input type="checkbox"/> Sports (in general)
<input type="checkbox"/> Cooking/Eating Out	<input type="checkbox"/> Music (in general)	<input type="checkbox"/> Reading	<input type="checkbox"/> Basketball
<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Dancing	<input type="checkbox"/> Writing	<input type="checkbox"/> Football
<input type="checkbox"/> Movies	<input type="checkbox"/> Listening to music	<input type="checkbox"/> Shopping	<input type="checkbox"/> Tennis
	<input type="checkbox"/> Playing an instrument		<input type="checkbox"/> Working out
<input type="checkbox"/> Other (please specify) _____			
Why do you want to be a mentor?			
Are you willing to come to a short training session? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, when can you attend?			
Are you familiar with online communication? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you familiar with WebCT/Blackboard? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If not, are you willing to learn? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked with "at-risk youth?" Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.			
Are you familiar with the Gateway to College Program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.			
Do you have at least one hour per week to devote to this program? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Have you ever been convicted of a crime? Yes No If yes, please explain: _____

I certify that the above responses are true to the best of my knowledge.

Signature _____

Date _____

Tri-County Technical College does not discriminate in admission or employment on the basis of race, color, religion, sex, qualifying disability, veteran's status, age, or national origin

FOR OFFICE USE ONLY (Initials of recording staff person must accompany each entry)

Application Rec'd.	Entered in Dbase	Training Date

