



DO NOT WRITE IN THIS AREA. FOR OFFICIAL USE ONLY

\_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED Date: \_\_\_\_\_

### MATCH Mentor Application

(Please print) DATE: \_\_\_\_\_

Gender:  Male  Female

Name: (Dr. / Mr. / Mrs. / Ms. / Miss / Rev.) \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Department: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

#### How did you hear about the MATCH Mentoring Program? (Mark all that apply)

- School contact
- Newspaper/Magazine
- Friend/relative
- Mentor presentation
- Employer
- TV (DCTV 23/Ch. 24)
- Church
- Other \_\_\_\_\_

Please indicate the grade level of student you would like to mentor: \_\_\_\_\_ No Preference

Name of preferred school: \_\_\_\_\_

#### MATCH will offer training for mentors throughout the year. Please indicate your preference for days of the week and times to help us in our planning.

Day: Monday Tuesday Wednesday  Thursday Friday Saturday

Time of day: early morning mid-morning noon/lunchtime early afternoon late afternoon  early evening

Past and/or present community involvement: \_\_\_\_\_

Hobbies and interests (i.e. sports, music, camping, etc.) \_\_\_\_\_

Experience in working with children: \_\_\_\_\_

Other languages you speak: Yes or No If yes list: \_\_\_\_\_

Other skills or expertise you possess that students would benefit from: \_\_\_\_\_

Please write a few sentences about yourself. This will assist the school in matching you with a student.

**References: Please provide contact information for at least 2 non-related references in the event we need to do additional background follow up.**

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**MATCH Mentor Commitment**

I understand the terms of this commitment and do agree to visit my mentee at his/her school at least once a week for duration of the school year. I understand that I will undergo a criminal background screening and that any and all information will be held confidential. I also understand that I must attend mentor training sessions prior to any contact with my student and that the MATCH mentoring program is strictly school-based.

I understand that my application can be accepted or denied for any reason and that all documents and materials are property of the MATCH Mentoring Program.

- I give permission to be photographed for mentoring publications and outreach.
- I do NOT give permission to be photographed for mentoring publications and outreach.

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

**The mentoring program requires all program volunteers to go through a background check. The cost is \$40.00 and paid the day you have your prints.**

\_\_\_ I could use financial assistance to cover the background check fee.

**The mentor program is collaboration between:**

