

For office use only: Date received: _____

Follow-up call

Application entered

School Assigned: _____

Criminal History check complete

TB test complete



SOSMentor ShapeUp Mentor Application

Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Work Address _____

Work Phone _____ Email address _____

Occupation _____ Gender Male / Female (circle one)

Name of Business/Company: _____

Grade Level Completed: _____ College Attended _____ (if applicable)

What is your educational background? Or if you are currently attending college, which one are you attending? What is your major academic emphasis?

What is your ethnic background? (optional)

_____ Asian/Pacific Islander

_____ Native American

_____ Black/African-American

_____ Caucasian

_____ Hispanic/Latino

_____ Other-please specify _____

Do you speak any other language(s) than English? Yes / No

If yes, please indicate other language(s) _____

What are your interests, hobbies, and activities? _____

What do you consider to be your greatest strengths? Greatest weaknesses? _____

Please describe any experience you have had working with young people: _____

How did you find out about the SOSMentor program? _____

Program Description

Mentors will assist high school students in table groups (team mentoring) after school during five workshop sessions and attend the recognition/culmination event.

Mentor Agrees to the Following:

1. Attend the mentor orientation/training of 5 sessions of and Culmination Event.
2. Follow screening procedure of criminal history check and TB test*
3. Be photographed or videotaped for promotion of SOSMentor ShapeUp program activities

Requested High School:

Please designate the school(s) where you are able to mentor:

_____ **University High School** (11800 Texas Ave., West L.A.)

_____ **Hollywood High School** (1521 N. Highland Ave., Hollywood)

Mentor Signature _____ Date _____

* Volunteers on a school campus must have TB test within the last 6 months per LAUSD requirement

**Please fax completed application to:
(818) 222-7897**

**Or e-mail to caroledonahue@sosmentor.org
(e-mailed copy substitutes as your signature above)**

MENTOR REFERENCES

We will conduct background checks on each mentor applicant. Please provide the following information:

Two personal references who can vouch for your character and morals. We prefer local references who have known you for at least two years; please do not use relatives. Please provide all of the information requested on the form.

Personal References

Name: (Mr./Mrs./Ms./Dr.)

Title, if any

Company/Organization

Address

City

State

Zip

()

()

Home Telephone

Work Telephone

Relationship

E-mail Address

Name: (Mr./Mrs./Ms./Dr.)

Title, if any

Company/Organization

Address

City

State

Zip

()

()

Home Telephone

Work Telephone

Relationship

E-mail Address

BACKGROUND CHECK AUTHORIZATION FORM

THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND THIS FORM WILL BE SHREDDED UPON COMPLETION OF THE BACKGROUND CHECK.

Please print all requested information:

First Name: _____ MI _____ Last Name _____

Other Names Used: _____

Address _____

City _____ State _____ Zip _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Driver's License #: _____ State of Issue _____

I hereby certify that the information in my mentor application is correct to the best of my knowledge. I authorize SOSMentor to conduct a security background check on me to ensure the safety and welfare of the youth served. I understand that this security check will cover my driving record and criminal history.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein void my consideration for participation.

Signature _____ Date _____ / _____ / _____