

## EASI MENTOR APPLICATION

### Personal Information:

Name \_\_\_\_\_ Gender ☐ Male  
                    First                    Middle                    Last                    ☐ Female

Address \_\_\_\_\_  
                    Street                    City                    State                    ZIP

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Name/address of employer \_\_\_\_\_

Work phone \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_

### Volunteer Information:

1. The EASI program mentors boys between the age of 10 and 13. Are you willing to mentor this age ?  
☐ Yes ☐ No

2. What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program?

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

3. Write a brief statement on why you have chosen to participate in the mentor program.

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

4. Initial the two statements below:

\_\_\_\_\_ I understand that the mentor program involves spending a minimum of one hour every week for the academic year at a school with an assigned student.

\_\_\_\_\_ I understand that I will be required to complete the mentor program orientation and at least two training sessions during the year.

5. ☐ Yes ☐ No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

6. ☐ Yes ☐ No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #5?

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Adapted from materials provided by Mentoring Partnership of Long Island, *The ABC's of Mentoring*, California Governor's Mentoring Partnership and LeMoyne-Owen College Community Development Coordination Ujima Family Wellness Center.

7. If the answer is YES to questions 5 or 6, please explain below:

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8. Educational Background (mark one):

- |   |   |
|---|---|
| <input type="checkbox"/> Some high school             | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> High school graduate         | <input type="checkbox"/> Technical school             |
| <input type="checkbox"/> Some college                 | <input type="checkbox"/> College graduate             |
| <input type="checkbox"/> Other (please specify) _____ |   |

9. Why do you want to become a mentor? \_\_\_\_\_

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10. What days of the week are you available to volunteer? (check all that apply):

- ☐ Monday   ☐ Tuesday   ☐ Wednesday   ☐ Thursday   ☐ Friday   ☐ Saturday   ☐ Sunday

11. What is the best time for you to volunteer? (check all that apply):

- ☐ Mornings   ☐ Afternoons   ☐ Evenings   ☐ Weekends

12. Please list four references (please include at least one family member, one personal friend and one work reference):

Name _____	Name _____
Address _____	Address _____
City _____ State/ZIP _____	City _____ State/ZIP _____
Phone number _____	Phone number _____
Relationship _____	Relationship _____
Name _____	Name _____
Address _____	Address _____
City _____ State/ZIP _____	City _____ State/ZIP _____
Phone number _____	Phone number _____
Relationship _____	Relationship _____

In making this application to be a volunteer, I understand that the *LOCCDC Ujima Family Wellness Center* routinely performs criminal and driving record checks of all volunteers for the position of mentor for which I am applying. This check may be done on me if I sign below. If I fail to sign, it may be grounds for rejecting me as a mentor.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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