

MENTOR APPLICATION

Please Type or Print:

Date of Application _____

First Name

Middle Name

Last Name

HOME INFORMATION:

Home Address

Apartment #

City

State

Zip Code

(_____) _____

Home telephone #

Home Fax #

Best time to contact you at home?

(_____) _____

Mobile phone #

Home e-mail address

Other contact type (e.g.TTY or t-mail)

How long have you lived at this address? _____ How long did you live at your previous address? _____

WORK / BUSINESS INFORMATION:

Primary Industry (e.g., education, medicine, the arts): _____

Primary Professional Role (e.g., teacher, nurse, musician): _____

Employer's Name

Title

Address

Suite #

City

State/Zip

Business hours

How long with current employer?

Can you be contacted at work? Yes No If yes, what is the best time to call? _____

(_____) _____

Work phone #

Extension

Office e-mail

(_____) _____

Work fax #

How long were you employed at your previous workplace?

DEMOGRAPHIC / MISCELLANEOUS INFORMATION:

Male _____ Female _____ Social Security Number _____

Birthdate _____ Age _____ Birth Place _____

Marital Status: (Circle One) Single Married Partnered Divorced/Separated Other

Spouse/Partner's Name (If applicable): _____

Do you have any children? Yes _____ No _____ If yes, please list names and ages _____

Ethnicity (optional): (check all that apply)

_____ Asian	_____ Caucasian	_____ Pacific Islander
_____ African	_____ Latino/Hispanic	_____ Other: _____
_____ African-American	_____ Middle Eastern	
_____ Caribbean/West Indian	_____ Native-American	

Further Specification, if relevant (e.g., Salvadorian, Ethiopian, Filipino): _____

Auto Insurance Company: _____ Policy # _____
(if applicable)

Driver's License # : _____ Expiration Date: _____ State: _____

or

ID Card: _____ Expiration Date: _____ State: _____

Do you smoke cigarettes? Yes _____ No _____

NOTE: For reasons related to some students' health status and/or family circumstances, we must inform families prior to a match if a mentor smokes cigarettes.

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please describe _____

EDUCATION: (Please check all that apply)

_____ H.S. Diploma	School Name/Location: _____
_____ Certification	Specify: _____
_____ Credential	Specify: _____

_____ Partial Undergraduate	Name of Community College: _____
_____ AA (Associates Degree)	Name of College: _____
_____ Bachelors Undergrad Degree	

_____ Partial Graduate School	Name of Grad School: _____
_____ Masters Graduate School	Name of Grad School: _____
_____ D.D.S. (Dental Degree)	Name of Dental School: _____
_____ J.D. (Law Degree)	Name of Law school: _____
_____ M.D. (Medical Degree)	Name of Medical School: _____

_____ Ph.D.

Area of Degree/Name of School: _____

BACKGROUND / AVAILABILITY / PREFERENCES

Please describe your experience, if any, working with teenagers (Note: Lack of experience does not disqualify you from mentoring): _____

Are you a Fulfillment Fund Alumnus? Yes _____ No _____
Are you fluent in any foreign or sign language? Yes _____ No _____ If yes, which one(s)? _____

Within what radius from your home are you comfortable traveling to meet your student (e.g., 10 miles, 15 miles, etc.)?

Do you feel you can meet the minimum standard of spending at least six hours per month with a student and making weekly phone calls? (NOTE: For the first three months, mentor must be available to see a student every two weeks.)
Yes ___ No ___

Our hope is for our mentoring relationships to continue through the student's high school graduation (approximately 2 – 4 years). Are you able to commit to mentoring your student for a **minimum of one year**, with the possibility of continuing through your student's graduation? Yes ___ No ___

Do you have any physical restrictions you think we should be aware of? Yes ___ No ___
If yes, please describe here: _____

Do you drive? Yes ___ No ___
If no, do you have reliable transportation for your student and yourself during outings/events? Yes ___ No ___
If so, please describe means of transportation _____

Please list below any changes you are anticipating in the next year or so in the following areas, and give an estimated date for each of them. (Write "none" when no changes are expected)

Anticipated changes in personal life (marriage, baby, etc...): _____

Anticipated changes in residence: _____

Matching Preference Questions: *Approximately ten percent of our students have physical, health-related and/or sensory disabilities. Please answer the following questions to help us understand your interests and experience, and to aid us in mutually identifying the best student match for you. Please note that great care is given to the selection of all student/mentor matches, taking into consideration multiple factors. If you are uncertain as to your comfort with or suitability to mentor a student with a disability or health condition, please be assured that will not in any way affect your eligibility to mentor. The final determination of any match is contingent upon your comfort with a prospective student. Finally, please note that lack of experience with disabilities or health conditions does not mean you are ineligible to work with a student with a disability/health condition, if that is your preference.*

Do you have experience, either professional or personal, in working and/or communicating with people with disabilities? Yes ___ No ___

If yes, please describe the nature of your experience and the population, including types of disabilities and age range (e.g., teenagers, seniors), with which you have had experience.

- Donor – Organizational
- Donor – Individual

- FF Presentation or Event Specify: _____
- FF Recruitment Event or Presentation
- FF Development Event or Presentation
- FF Programs Event (e.g., Mentor Program event)

(Please See Additional Referral Sources on Following Page)

- FF Recruitment Staff Outreach Staff Name: _____

- Educational Contact Contact Name: _____
- LAUSD Principal
- LAUSD Fulfillment Fund Coordinator (FFC)
- LAUSD Teacher
- LAUSD – Other Personnel
- Private School Contact
- Non-LAUSD Public School Contact

- Self (previous Fulfillment Fund affiliation)
- Former FF Mentor (self)
- FF Alumnus (self)
- FF Donor (self)
- FF Board Member (self)
- Educational Contact (self)
- Other

Fulfillment Fund website

Los Angeles Mentoring Partnership

- Media Feature Specify: _____

- PSA – Magazine (Note: PSA = Public Service Announcement)
- PSA – Movie Theatre
- PSA – Newspaper
- PSA – Radio
- PSA – TV
- PSA – Billboard
- News Feature
- Billboard – Other

- Other Organization or Corporation Specify: _____

- Other Specify: _____

- Volunteer Fair
- Volunteer Organization
- Volunteer Website
- Other Website
- National Mentoring Month
- Family Member of Fulfillment Fund affiliate
- Other Individual

Unknown

BACKGROUND CHECKS

We will be conducting background checks on each mentor applicant. Please provide us with one business reference from your supervisor. If you have your own business, the referent needs to be someone with whom you are currently doing business. Also required are two personal references who can vouch for your reputation and character. We prefer local references who have known you for at least two years. Please do not list relatives. **Please provide us with all of the information requested** on this form.

PLEASE PRINT CLEARLY OR TYPE

**EMPLOYER/SUPERVISOR/BUSINESS ASSOCIATE REFERENCE
REFERENCE # 1**

_____	_____	_____	_____
Last Name	First Name	Male/Female	Title

Company/Organization			
_____			_____
Address			Suite #
_____		_____	_____
City		State	Zip
(____) _____		(____) _____	
Business Telephone		Home Telephone	

**PERSONAL REFERENCES
REFERENCE # 2**

_____	_____	_____	_____
Last Name	First Name	Male/Female	Title

Company/Organization			
_____			_____
Address			Suite #
_____		_____	_____
City		State	Zip
(____) _____		(____) _____	
Business Telephone		Home Telephone	

REFERENCE # 3

_____	_____	_____	_____
Last Name	First Name	Male/Female	Title

Company/Organization			
_____			_____
Address			Suite #
_____		_____	_____
City		State	Zip
(____) _____		(____) _____	
Business Telephone		Home Telephone	

The Fulfillment Fund is committed to diversity in the workplace and its mentoring programs. To this end, we comply with equal employment opportunity and other applicable laws prohibiting discrimination in the workplace and relevant programs. Our employees and volunteers are also selected without regard to race, religion, national origin, disability, sexual orientation or other protected characteristics.

MENTOR CONSENT:

I agree that the Fulfillment Fund may conduct a routine background check using the references listed above, as well as a formal background check that will include: a criminal county search, social security number trace, motor vehicle information, national criminal database search, and state sexual offender registry. I am forwarding with this application a copy of my auto insurance identification card (if applicable) and driver's license (or photo I.D.), and I will present the driver's license or I.D. at the time of my interview.

The Fulfillment Fund has an expectation that mentors refrain from engaging in any unlawful or inappropriate substance use. The Fulfillment Fund also requires that mentors not drink alcohol or smoke cigarettes in the presence of students at any time. By signing this application, I indicate my understanding, agreement and commitment to this policy.

Signature

Date

PLEASE RETURN APPLICATION with Driver's License/ Photo I.D. & Auto Insurance Identification Card (if driving) to:

**Jason Lesner
Associate Director of Mentoring Services
Fulfillment Fund
6100 Wilshire Boulevard, Suite 600
Los Angeles, CA 90048
Fax 323-525-3095**

If you have any questions regarding the content of this application, please call **Jason Lesner** (listed above) at 323-900-8715, or via TTY at 323-525-3098, or by email: jlesner@fulfillment.org.

For Office Use Only: <input type="checkbox"/> MP- SWOD <input type="checkbox"/> MP-SWD <input type="checkbox"/> MP-SWHC <input type="checkbox"/> MP-SWDHC <input type="checkbox"/> MP-Either <input type="checkbox"/> MP-Undecided
