

APPLICATION FOR MENTORING



Name _____
 First Middle Last

Address _____
 Street City State ZIP

E-mail address _____ Student ID Number _____

Home phone _____ Mobile phone _____

Major _____ Expected Date of Graduation _____

Number of Hours Currently Enrolled _____ Total Hours _____ GPA _____

List extracurricular activities/organizations you have been involved in at SCC:

List community service and/or volunteer work you have done:

Current commitment to other groups and organizations:

Why do you want to be a Mentor?

Will you be employed during the academic year and if so, where? _____ How many hours per week? _____

Yes No Considering your class schedule and other responsibilities, will you have time to fully participate in the Mentoring Program (a minimum of 10 hours per week)?

In making this application to be a volunteer, I understand that CARE routinely performs criminal background 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