



WE CARE PROGRAM MENTOR APPLICATION

Verified by ID Staff Initials Date

Print or type responses:

Full Legal Name

Gender: Female Male Date of Birth: Mo. Day Year Ethnicity

Mailing address

City State Zip

E-mail

Preferred Contact Number Home Phone Cell Phone Work Phone Phone Numbers Home Work Cell

Employer Length of Employment

Job Title May we contact you at work? Yes No

Education completed:

High School Other

2-year degree in School

4-year degree in School

Advanced degree(s) in School

How was the Program brought to your attention?

What motivated you to apply to the Program?

Will you be able to meet with a student at least once a month during the school year? Yes No

What are your hobbies, special skills, or other interests?

What do you like to do in your leisure?

What other affiliations (e.g., service or volunteer organizations) do you have?

What do you hope to gain from the mentoring experience?

What do you hope your mentee gains from the mentoring experience? _____

Do you have prior mentor experience? Yes No If yes, please explain: (Program Name & Dates)

How many students would you like to mentor? 1 2

Mentors often have a particular set of experiences to share, please help us achieve the best possible match by specifying if you would like to mentor a student from a specific cultural background (if available)? Yes No

If yes, what cultural background? _____

Is there a particular student you would like to mentor? Yes No

If yes, name _____ High School _____

Why? _____

Are you willing to have the _____ conduct a background check on you, including fingerprints?

Yes No

List three people (non family members) who can serve as character references for you.

(1) Name _____ Relationship _____ For _____ years.

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email: _____

(2) Name _____ Relationship _____ For _____ years.

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email: _____

(3) Name _____ Relationship _____ For _____ years.

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email: _____

I certify that the information I have supplied is correct to the best of my knowledge. I grant permission for you to contact the references provided. I also understand and agree to the duties and requirements described in the Volunteer Duties and Requirements.

Signature _____ Date _____

Please Return to:

THETA ALPHA FOUNDATION
P. O. Box 741164
Dallas, TX. 75374-1164