



DO NOT WRITE IN THIS AREA. FOR OFFICIAL USE ONLY

APPROVED Training Date: NOT APPROVED Date: Background check date:

MATCH Mentor Application

(Please print) DATE:

Gender: Male Female

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

Employer: Position/Department:

Work Address:

Work Phone: Fax: Email:

Home Address:

Home Phone: Mobile: Email:

How did you hear about the MATCH Mentoring Program? (Mark all that apply)

- School contact Newspaper/Magazine Friend/relative Mentor presentation Employer TV (DCTV 23/Ch. 24) Church Other

Please indicate the grade level of student you would like to mentor: No Preference

Name of preferred school:

MATCH will offer training for mentors throughout the year. Please indicate your preference for days of the week and times to help us in our planning.

Day: Monday Tuesday Wednesday Thursday Friday Saturday

Time of day: early morning mid-morning noon/lunchtime early afternoon late afternoon early evening

Past and/or present community involvement:

Hobbies and interests (i.e. sports, music, camping, etc.)

Experience in working with children:

Other languages you speak: Yes or No If yes list:

Other skills or expertise you possess that students would benefit from: _____

Please write a few sentences about yourself. This will assist the school in matching you with a student.

References: Please provide contact information for at least 2 non-related references in the event we need to do additional background follow up.

Name _____ **Relationship to applicant** _____

Phone Number _____ **Email Address** _____

Name _____ **Relationship to applicant** _____

Phone Number _____ **Email Address** _____

MATCH Mentor Commitment

I understand the terms of this commitment and do agree to visit my mentee at his/her school at least once a week for the duration of the school year. I understand that I will undergo a criminal background screening and that any and all information will be held confidential. I also understand that I must attend mentor training sessions prior to any contact with my student and that the MATCH mentoring program is strictly school-based.

I understand that my application can be accepted or denied for any reason and that all documents and materials are the property of the MATCH Mentoring Program.

- I give permission to be photographed for mentoring publications and outreach.
- I do NOT give permission to be photographed for mentoring publications and outreach.

Signature: _____ Date: _____

The mentoring program requires all program volunteers to go through a background check. The cost is \$47.00 and paid the day you have your prints.

___ I could use financial assistance to cover the background check fee.

The mentor program is collaboration between:

