MENTOR APPLICATION

PERSONAL INFORMATION

Name: _________________________________________________________________
   (Last)                                                        (First)
Address: _______________________________________________________________
   (Street)                                                (Town)             (Zip Code)
Telephone: _____________________ Date of Birth: _______ Age: ______
Sex:   M___ F___ Email Address: ______________________________
Emergency Contact: __________________________ Telephone: _____________
Please describe any medical issues that might limit your participation in this program:
________________________________________________________________________

EMPLOYMENT INFORMATION

Employer Name:__________________________________________________________
Address:   _______________________________________________________________
   (Street)                                                (Town)             (Zip Code)
Business Telephone: _____________________ Fax: _________________________
Email Address: _________________________________
Please highlight the responsibilities within your position:
________________________________________________________________________
________________________________________________________________________

MENTORING INFORMATION

Day(s) and Time(s) you are available to mentor: ________________________________
Grade Preference:
___ Elementary (K-5)   ___Middle School (6-8)   ___High School (9-12)   ___No Preference
Would you like to mentor a: _____ female     _____male
List your experiences (either professional or volunteer) working with students K–12:
________________________________________________________________________
________________________________________________________________________
Why are you interested in becoming a mentor?
________________________________________________________________________
________________________________________________________________________
**REFERENCE REQUEST**

Please provide three references other than a relative:

1.  
   (First)  (Last)  
   __________________________  
   (Street)  (State)  (Zip Code)  
   __________________________  
   (Telephone)  (No. of years acquainted)  

2.  
   (First)  (Last)  
   __________________________  
   (Street)  (State)  (Zip Code)  
   __________________________  
   (Telephone)  (No. of years acquainted)  

3.  
   (First)  (Last)  
   __________________________  
   (Street)  (State)  (Zip Code)  
   __________________________  
   (Telephone)  (No. of years acquainted)  

**ACKNOWLEDGEMENT**

I understand that the West Hartford Public Schools Mentor Program involves spending approximately one hour each week from September to June at an assigned school with my mentee. I will be committing to one school year in the program and will then be asked to renew for another year. I have not been convicted, within the past ten years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment. Further, I hereby fully discharge the school personnel, participating companies, or organizations from any liability, claims, causes of action, costs and expenses which may be attributable to my participation in the West Hartford Public Schools Mentoring program.

I understand that the West Hartford Public Schools Mentor Program and relationships established take place during the confines of the school day in West Hartford, CT. It is not part of any relationship established between mentor/mentee and family members beyond the school day. I also understand that any photographs and/or video taken during the mentoring sessions become the property of WHPS and may be included in promotional materials.

I have read the above release statement and agree to its content. To the best of my knowledge and belief, all statements in the application are true.

Name (print): __________________________  Date: __________________________
Signature: __________________________ Carol Wilkas/WHPS
Return to: 110 Beechwood Road
           West Hartford, CT 06107
           (860) 231-6009