



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: _____

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