



## MENTOR APPLICATION

How did you learn about the "I Have a Dream" Foundation-Los Angeles: \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Gender Date of Birth Social Security Number

Why are you interested in being a mentor? \_\_\_\_\_  
\_\_\_\_\_

Which of your skills and qualities will make you a good mentor? \_\_\_\_\_  
\_\_\_\_\_

### HOME INFORMATION

\_\_\_\_\_  
Home Address Apartment No.

\_\_\_\_\_  
City Zip How long at this address?

If less than one year, how long at previous address? \_\_\_\_\_

\_\_\_\_\_  
Home Phone Cell Phone Best time to reach you?

\_\_\_\_\_  
Email Address

### EMERGENCY CONTACT

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Home Phone Cell Phone Relationship



## MENTORING COMMITMENTS AND LIFESTYLE

Are you confident that you can meet the minimum "I Have a Dream" Foundation-Los Angeles mentoring commitments:    Yes                    No    (*Please circle one*)

- Commit to one year mentoring a young person in the program
- Visit mentee twice/month during the first three months and once/month thereafter
- Contact mentee once/week by phone, email, text, MySpace, etc.
- Check in with mentee's Project Coordinator approximately once/month
- Attend a New Mentor Training and at least one In-Service during year of service
- Respect the wishes and guidelines of mentee's parents/guardians
- Respect confidentiality of mentee and family, barring situations such as child abuse

What types of activities do you enjoy in your spare time? \_\_\_\_\_  
\_\_\_\_\_

What characteristics would you most want your mentee to possess? (*calm, full of energy, etc.*)  
\_\_\_\_\_

What qualities in a young person would you prefer not to deal with? \_\_\_\_\_  
\_\_\_\_\_

How far are you willing to drive to pick up your mentee at his/her home? \_\_\_\_\_

Anticipated changes over next 12-18 months and, if so, when?

Employment \_\_\_\_\_

Personal Life (i.e. marriage, divorce) \_\_\_\_\_

Residence \_\_\_\_\_

### AFFIRMATION

The information I have provided in this application is, to the best of my knowledge, true and complete. I grant permission for the "I Have a Dream" Foundation-Los Angeles to verify this information, contact my references, and run a background check that will include contacting the DMV and the Department of Justice. I agree to provide a copy of my driver's license and auto insurance policy, pay the background check fee (currently \$12), and to participate in a home interview. I understand and agree to the mentoring commitments outlined herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE SEND YOUR COMPLETED APPLICATION AND COPIES OF YOUR DRIVER'S LICENSE AND AUTO INSURANCE POLICY TO:**

"I Have a Dream" Foundation-Los Angeles Mentoring Program  
634 S. Spring Street, Suite 812  
Los Angeles, CA 90014  
Tel: 213. 572. 0175  
Fax: 213. 572. 0179  
E-mail: mentoring@ihadla.org



## REFERENCES

A background check will be conducted for each mentoring applicant as required by our insurance company. Please provide the following information: 1) someone who has supervised you either at work, school or as a volunteer; and 2) two personal references who can guarantee your character and morals. We strongly prefer local references who have known you for at least two years. We ask that you please do not list any relatives and that you please provide all of the information requested.

Your Name \_\_\_\_\_

### REFERENCE I SUPERVISOR/EMPLOYER REFERENCE

Name		Title	
Company/Organization			
Address ( )		City	State Zip
Work Telephone		E-mail	

### REFERENCES II AND III PERSONAL REFERENCES

Name			
Relationship			
Address ( )		City	State Zip
Telephone		E-mail	

Name			
Relationship			
Address ( )		City	State Zip
Telephone		E-mail	