



# CYEP

Capital Youth Empowerment Program

## Mentor Application

_____ Verified by ID
_____ Staff Initials _____ Date

### Print or type responses:

Full Legal Name \_\_\_\_\_  
First Middle Initial Last

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 week 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? \_\_\_\_\_

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

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How many students would you like to mentor?  1  2

Mentors often have a 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? \_\_\_\_\_

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:

Erick King <a href="mailto:eking@cyep.org">eking@cyep.org</a> and cc Melvin Stallings <a href="mailto:mstallingsjr@gmail.com">mstallingsjr@gmail.com</a>
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