

Salvadoran American Leadership and Educational Fund (SALEF)

South Gate College Partnership Mentorship Program

Volunteer Mentor Application 2007-2008

Personal Information Notice

Pursuant to the Federal Privacy Act (PL 93-579) and the Information Practices Act of 1977 (civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form, the required personal information is voluntary. The principle purpose of the voluntary information is to facilitate the process of this application. The failure to provide all or any part of the requested information may result in the inability to process your application and background check, which is required for all mentors.

Personal Information:

Name: Last Name First Name Middle Initial

Gender: Date of Birth: / /

Physical Address:

Street City State Zip Code

Mailing Address:

Street City State Zip Code

Home Phone: () - Mobile Phone: () -

Email: @

Ethnicity Category: (Please check the box the best describes your race/ethnicity)

- American Indian/Alaskan Native Asian Black Pacific Islander
White Mexican/Mexican American Central American
South America: country: Caribbean (specify country)
Other:

CAR INFORMATION:

CA Drivers License #: exp date: / /
CA ID (if different from above): exp. date: / /
Auto Insurance Co.
Policy Number:

Emergency Contact: Relationship:

Home Phone: () - Work Phone: () -
Cell Phone: () -

Emergency Contact: Relationship:

Home Phone: () - Work Phone: () -
Cell Phone: () -

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Part B: Employment

Are you currently employed? No Yes, If yes please proceed with the following questions

Year Hired: _____ Employer: _____

Title: _____ Supervisor's name: _____

Business Address: _____
Street City State Zip Code

Employment Status:

Student Seasonal Permanent Part-Time Retired Other: _____

No. of hours spent at work on a weekly basis? _____

Part C: College/Graduate

Are you currently a student? No Yes, If yes please proceed with the following questions

Institution: _____

Major: _____ Concentration: _____

Minor: _____ Expected Graduation Date: ____/____/____

Units per Semester/Quarter: _____

Class Standing: 1st year 2nd year 3rd year 4th year other: _____

Clubs/Organizations you belong to: _____

Student Status:

Full Part-Time

Would you like to have a professional mentor in your field of interest? No Yes

Part D: Prior Felonies

Have you ever been convicted of a misdemeanor or felony? Yes No

Do you currently have any criminal charges pending against you? Yes No

Are you currently out on bail or on your own recognizance for any current arrest? Yes No

Are you currently under an formal or informal supervision, such as probation or parole, for a conviction of any state or federal violation? Yes No

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Part E: Mentoring Information

Why do you want to be a mentor? _____

The Mentorship Program requires that you meet with your mentees twice a month for one hour. Can you meet this requirement? If no, please explain. _____

Do you have any previous experience volunteering or working with youth? If so, please explain. _____

What qualities and/or skills do you possess that you can bring to your role as a mentor? _____

What do you want your mentee to gain from this experience? _____

What do YOU want to gain from this experience? _____

Do you have any hobbies, special interests, volunteer activities? _____

Would you be comfortable working with a student whose primary language is Spanish? _____

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Please read this carefully before signing:

Thanks for your interest in the Mi Futuro Mentorship Program! We look forward to making this a great experience for all those involved. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a Federal and State criminal records check.

I certify that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the South Gate College Mentor program. I authorize SALEF to conduct a background investigation and reference check to determine my eligibility to be a mentor.

(Signature)

(Date)

**Please return this application in an envelope marked “confidential” to:
Mario Escobar, South Gate College Partnership Programs Coordinator
SALEF**

**1625 W. Olympic Blvd. Suite 718
Los Angeles CA 90015
(213) 480-1052, Fax: (213) 487-2530**

Salvadoran American Leadership and Educational Fund (SALEF)

Office Use Only:

Date Application Received: ____/____/____

Date of First Interview: ____/____/____

References Checked: ____/____/____

Notes: _____

Background Check received: ____/____/____

Passed: Yes No

Matched with: _____

Mentoring record:

Attended workshops:

Workshop #1 Yes No

Workshop #2 Yes No

Workshop #3 Yes No

Workshop #4 Yes No

Workshop #5 Yes No

Workshop #5 Yes No

Workshop #5 Yes No

Workshop #6 Yes No

Workshop #7 Yes No

Office received all monthly summaries: Yes No

Attended all monthly case management meetings? Yes No

Notes: _____
