

# Neighborhood House Collegiate Mentoring Program

## Mentor Application 2016-2017



Neighborhood House's Collegiate Mentoring Program matches college students with local youth ages 7-17. Mentoring pairs meet for one hour twice a week throughout the semester, and ideally the academic year, to strengthen the youths' academics, social skills, and self-esteem. To apply to be in the Collegiate Mentoring Program, please fill out and return this application to Neighborhood House Community Center at 29 S. Mills St., Madison, WI 53715.

Once you submit the application, Neighborhood House staff will match the youth with a college student. Please note that the matching process is based on availability of both the mentees and mentors. While we try to match mentoring pairs as fast as we can, it may take some time to find a match for every applicant. Neighborhood House staff will contact you when we match you with a mentee.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list all languages that you speak: \_\_\_\_\_

Please list two references:

Name \_\_\_\_\_ Name \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Mentoring will take place for one hour twice a week. Please mark all the times that you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>1:30-2:00</b>					
<b>2:00-2:30</b>					
<b>2:30-3:00</b>					
<b>3:00-3:30</b>					
<b>3:30-4:00</b>					
<b>4:00-4:30</b>					
<b>4:30-5:00</b>					
<b>5:00-5:30</b>					
<b>5:30-6:00</b>					

*Office Use Only:*  
 Mentee Match: \_\_\_\_\_ Meeting Times: \_\_\_\_\_

## Background Check

I understand that Neighborhood House Community Center performs background checks on all volunteers who work with children. By signing below, I authorize Neighborhood House to perform a background check on me. Failing to sign may be grounds for rejecting me as a mentor.

I certify to the best of my ability that the information provided on this application is true and accurate. I understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Birth date\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

**\*This information will only be used to conduct a background check and will be kept confidential.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

## Authorization for Publications

By signing below, I give permission for Neighborhood House Community Center and local publications to use my name as well as photographs of and quotations from me to be published on Neighborhood House's social media, website, newsletter, promotional materials, and/or in local news stories related to Neighborhood House.

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

Please initial the following statements:

\_\_\_\_\_ I understand that the mentoring program involves spending two hours every week (2 one hour meetings/week) at Neighborhood House Community Center with an assigned mentee.

\_\_\_\_\_ I understand that I will be required to complete the mentoring program orientation and at least one check-in session during the year.

\_\_\_ Yes \_\_\_ No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

\_\_\_ Yes \_\_\_ No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in the previous question?

If you answered yes to either of the previous two questions, please explain.

\_\_\_\_\_

**The City of Madison requests the following information, though identities will not be disclosed.**

Please describe your race/ethnicity *(please check all that apply)* :

- White/Caucasian
- Hispanic/Latino
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Other *(please specify)* \_\_\_\_\_

How many people in your household have a disability? \_\_\_\_\_

Do you live in a household maintained by a female single head of household?

- Yes
- No

Household size and income:

Please go to the column that indicates the number of people that live in your household, and **circle** the income range that describes the combined income of everyone in your household.

1 Person Household	2 Person Household	3 Person Household	4 Person Household
Over \$46,000	Over \$52,600	Over \$59,150	Over \$65,700
\$29,400 to \$46,000	\$33,600 to \$52,600	\$37,800 to \$59,150	\$41,950 to \$65,700
\$17,650 to \$29,400	\$20,150 to \$33,600	\$22,650 to \$37,800	\$25,150 to \$41,950
Less than \$17,650	Less than \$20,150	Less than \$22,650	Less than \$25,150
5 Person Household	6 Person Household	7 Person Household	8 Person Household
Over \$71,000	Over \$76,250	Over \$81,500	Over \$86,750
\$45,350 to \$71,000	\$48,700 to \$76,250	\$52,050 to \$81,500	\$55,400 to \$86,750
\$28,440 to \$45,350	\$32,580 to \$48,700	\$36,730 to \$52,050	\$40,890 to \$55,400
Less than \$28,440	Less than \$32,580	Less than \$36,730	Less than \$40,890

## Mentor & Mentee Matching

Check the interests that you'd like to share with your mentee:

biking       science       cooking       library       theatre  
 music       sports       yoga       gardening       parks  
 movies       fishing       animals       reading       board games

---

Check any of the words below that you think describe your personality:

quiet       shy       nervous       withdrawn       outgoing  
 talkative       friendly       insecure       inquisitive       adventurous  
 confident       spiritual       sensitive       happy       moody

---

What area are you studying in school? \_\_\_\_\_

---

Write a brief statement on why you have chosen to participate in the mentor program:

---

---

---

---

What strengths and special skills (math skills, writing skills, previous relevant volunteer experience, etc.) would you bring to the mentoring program?

---

---

---

---

Are there any other considerations with regards to matching? \_\_\_\_\_

---

---

Is your participation in the mentoring program part of a requirement for a college class or internship? **Y / N**

*If yes, please provide the following information:*

Name of Class: \_\_\_\_\_ Hours Required: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Instructor's Email Address: \_\_\_\_\_