



Mentor Application

Contact Information

Name: _____

Date of Birth: _____ Sex: _____ Ethnicity: _____

Home Address: _____ City: _____ Zip: _____

Phone: Home: _____ Cell: _____

E-mail: _____

Preferred time and method of communication: _____

Employment History

Employer: _____ Occupation: _____

Employer's Address: _____ City: _____ Zip: _____

Supervisor's Name: _____ Length of employment: _____

Previous Employer: _____ Occupation: _____

Education

School: _____ Degree: _____ Year of graduation: _____

School: _____ Degree: _____ Year of graduation: _____

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References

Please provide references (at least two professional) you have known for at least a year.

Name: _____ Relationship: _____

Contact Information: _____

Preferred time to contact: _____ How long you have known this person? _____

Name: _____ Relationship: _____

Contact Information: _____

Preferred time to contact: _____ How long you have known this person? _____

Name: _____ Relationship: _____

Contact Information: _____

Preferred time to contact: _____ How long you have known this person? _____

Mentor Agreement

Please carefully read and initial

_____ I agree and authorize to let the DREAM staff to conduct a federal and state criminal background check.

_____ If selected, I will perform my duties as a mentor. (four hours a month)

_____ I will meet with the student at approved locations.

_____ I will allow DREAM to utilize my experiences and photographs for promotional activities.

By signing below, I attest to the truthfulness of all information listed on this application.

(Signature)

(Date)

Thank you for your interest in mentoring with the BE A Mentor (BEAM) Program. Please note that applying does not guarantee you will be selected to mentor.



DREAM Mentor Program
Boys & Girls Clubs of Schenectady
P.O. Box 466
Schenectady, NY 12301
518-374-4714
Louise DiFabbio

