



PATH TO COLLEGE FELLOWSHIP

Path to College MENTOR Application:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____

Phone: _____ Email: _____

Do you prefer to be contacted by: Phone Email Text

*This program requires you to have background knowledge and experience with a college education. Do you have a degree? Yes No

Please list school(s) attended and degree(s) conferred:

Mentors are required to volunteer **one hour per week** for this program. Please specify the best times you're available to mentor. (i.e. Monday 1pm-2pm, etc.) Note: Most students will prefer to meet after school; most high schools in Palm Beach County end around 3 PM.

Sometimes in-person meetings aren't possible, and when that happens, (as long as it is not the norm) virtual mentoring can be a helpful option. Do you have an iPhone or iPad, or webcam?
Yes No If yes, are you willing to FaceTime or video conference? _____

How did you hear about our Path to College Mentoring Program?

Have you applied to our program before? Yes No If yes, when? _____

Do you have a profile on Facebook? Yes No

Do you speak any languages other than English? Yes No

If yes, which other languages? _____

Race: White Black Hispanic Asian Other _____

Ethnicity: White Non-Hispanic Black Non-Hispanic Hispanic _____
 Haitian Other _____

Employment Information

Are you currently employed? Yes No

Company Affiliation: _____

Your Current Title: _____ Supervisor's Name:

Years with Current Employer: _____

Current Work Address: _____

Does your company promote volunteer activities? Yes No

Please indicate below if you're willing to approach your current company about any of the following opportunities:

Mentoring Donating goods/services Corporate Sponsorship

Previous Employer's Information (if less than 3 years at current position)

Company: _____

Address: _____

Years with Previous Employer: _____

Please list any prior volunteer experience. Include organization, date started/ended, activity:

Education and Training

High School Attended: _____

Secondary School Attended: _____

Highest Level of Education Received: _____

Year Highest Level of Education was Received: _____

6. What do you hope to gain from this experience?

References

Please list (3) reference who you have know for at least one (1) year. **One of these references must be your current supervisor, if applicable. Relatives or family members cannot be used as references.** References will be contacted by phone and/or email. The information to us by your references will remain strictly confidential.

Please make sure the information provided is current, complete and accurate. A timely response from these references can help expedite the processing of tour application. Please tell the persons listed to expect hearing from Path to College.

Reference #1

Name: _____ Years Known: _____

Relationship to you: _____

Phone/Email: _____

Reference #2

Name: _____ Years Known: _____

Relationship to you: _____

Phone/Email: _____

Reference #3

Name: _____ Years Known: _____

Relationship to you: _____

Phone/Email: _____

BACKGROUND SCREENING AUTHORIZATION FORM: PART 1

_____ The Path to College Fellowship, Inc. does not discriminate on the basis of gender, race, creed, age, sexual orientation, national origin, religion, marital status or disability.

_____ I understand that as part of the screening process, it will be necessary for The Path to College Fellowship, Inc. to investigate my background by means of character references, referrals from other youth organizations, criminal record, child abuse registry check, driver license check, home assessment and other records where required by local, state or federal law for volunteers working with youth. I also understand that it may be necessary to obtain information concerning my psychological, psychiatric or medical history and/or any other information, which may have a bearing on my ability to serve as a mentor.

_____ I understand that all information is confidential and for agency use only.

_____ I acknowledge and agree that I am not obligated, if called upon, to perform the volunteer services herein applied for, and that the agency is not obligated to assign or actively seek to assign me a mentee. As part of the agency's matching process, professional agency personnel will elicit additional personal information from me.

_____ I acknowledge that this is a volunteer project and there will be no compensation for my time.

_____ I acknowledge that my commitment to the program is one hour per week and to strive to stay connected to my mentee for one year.

_____ I understand that in order to establish an appropriate match, The Path to College Fellowship, Inc. shares relevant information about the teen with the mentor and about the mentor with the child and parent/guardian. New information that arises subsequent to the match may be shared with match participants if deemed necessary by the professional staff. I agree to keep information regarding any potential mentee confidential and to not discuss it with anyone other than the professional staff of The Path to College.

_____ I agree to allow the agency use of pictures for media/ recruitment purposes.

I, _____, authorize The Path to College Fellowship, Inc. and its designated agents and representatives to conduct a comprehensive review of my background in connection with my application to be a mentor. I hereby release The Path to College Fellowship, Inc. and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me because of compliance with this authorization.

Signature _____ Print Name _____

Date _____

BACKGROUND SCREENING AUTHORIZATION FORM: PART 2

The Path to College Fellowship, Inc. mentors work with youth, therefore, we are required to screen our volunteers. Please respond to the following questions and sign the authorization below. **The Level 2 background check (including fingerprinting) are paid for by The Path to College.**

Name: _____ Date of Birth: _____

1. If a student confides that he or she is the victim of sexual, emotional or physical abuse, you *must* notify The Path to College immediately.

Note on your calendar when this information was reported and to whom it was given. Remember this information is extremely personal and capable of damaging lives, so *do not* share it with anyone except the appropriate authorities.

2. If a student tells you of his/her involvement in any illegal activity you *must* tell The Path to College immediately. Again, note on your calendar when this information was reported and to whom it was given.

Summary

These procedures are designed to protect the students from harm and to prevent even the appearance of impropriety on the part of The Path to College Fellowship, Inc. and its participating mentors, volunteers and students. One accusation could, at the very least, seriously damage the reputation of all those participating.

Please know that we appreciate your participation in the *Path to College Mentor Program* and that we appreciate your adherence to these procedures.

If you have any questions, please call **Christine Sylvain at 561-907-7679** or email **christine@pathcollege.org**.

I have read, understand and agree to strictly abide by the Path to College Mentor/Volunteer Procedures. I understand that failure to adhere to these procedures may result in my removal from participation in the program.

Signature _____ Print Name _____

Date _____