



Mentor Application

Personal Information:

First Name: _____

Last Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Employment:

Employment Status: _____

Job Title/Position: _____

Company: _____

Days/Hours of work per week: _____

Street Address: _____

City, State, Zip: _____

Work Phone: _____

Education:

Please indicate highest level of education: _____

Degree and/or Certificates earned: _____

Experience:

Please describe your previous experience in the areas indicated below:

Work Experience:

Volunteer Experience:

Additional Information:

Please explain how you heard about the HEMI program:

Why have you decided that you wanted to volunteer as a HEMI mentor?

What are your expectations of this mentoring experience?

Additional Information (cont.)

Disclaimer:

This information will be used to assist the HEMI team in pairing you with the most suitable mentee during the matching process. Your answers below will not affect your ability to participate in the HEMI program.

Are you affiliated with the University of Cincinnati? (Check all that apply:) Yes No
 Currently Employed Previously Employed Currently Enrolled as a Student Alumni

Are you now, or have you ever been a Court Appointed Special Advocate (CASA?) Yes No

Are you now, or have you ever been a Guardian ad Litem (GAL?) Yes No

Have you assisted anyone else in navigating the college application process? Yes No

If so, how long ago? _____

Do you have any experience working with youth with special needs? Yes No

If so, please describe your experience:

Do you have any knowledge of or experience with the child welfare system? Yes No

If so, please describe:

References:
Please list three references below:

Name:

Relationship:

Street Address:

City, State, Zip:

Home Phone:

Cell Phone:

E-mail Address:

Name:

Relationship:

Street Address:

City, State, Zip:

Home Phone:

Cell Phone:

E-mail Address:

Name:

Relationship:

Street Address:

City, State, Zip:

Home Phone:

Cell Phone:

E-mail Address:

Statement of Commitment

As a mentor working with the Higher Education Mentoring Initiative, I understand and agree that I am required to:

- Attend an initial training session in August and then monthly training sessions on various mentoring related topics
- Schedule a half hour interview with HEMI staff prior to being matched with a mentee
- Provide FBI and BCI background checks
- Provide proof of a driver's license and insurance
- Submit quarterly progress note to the HEMI staff
- Maintain confidentiality in matters regarding my mentee

By signing below, you are agreeing to the statement of commitment and authorizing HEMI to contact you by phone and/or e-mail

Signature

Name

Date

Thank you for taking the time to complete this application and for your interest in becoming a mentor for the Higher Education Mentoring Initiative. You will be contacted shortly regarding this application.

*Please return you application to Sarah Mangan, HEMI Program Specialist, through one of the following methods:

Fax: 513-556-1037

E-mail: sarah.mangan@uc.edu

Mail: 55 West Daniels St, Cincinnati, OH 45221-2006

