



**YCC Mentorship
School/Employer
Mentor Application**

First Name _____ Middle _____ Last _____

Home Street Address _____ City _____ State _____ Zip Code _____

Work Phone: _____ Cell Phone: _____ Email: _____

Gender: ___ Female ___ Male Age: _____ Race/Ethnicity: _____

Employer Name: _____ Position: _____

How long have you been employed there? _____

Please list your skills and experience working with high school students

Please list any hobbies or interests you think would make you a good mentor candidate

Please list any professional associations you may have or possible Employer networking connections

Have you ever volunteered as a mentor before? If so, please describe: _____

What job skills can you share with a mentee? _____

Can you commit to weekly meetings during the school year with a mentee? _____

Please provide any additional information that you feel would help us match you with a mentee:

Please indicate the days of the week and the times of day you will typically be available to meet with the mentee:

Sun Mon Tues Wed Thurs Fri Sat

Please list your current supervisor

Name _____

Years known _____

Phone Number _____

Email _____

Please check yes or no to the following questions:

- Yes No Have you completed all background checks required by state law that complies with your school board policies which allows you to work with your current school system?
- Yes No Do you anticipate any changes in the next year that may interfere with your ability to uphold your commitment as a mentor such as marriage, childbirth, new job, moving?
- Yes No Do you agree to complete an interview with the YCC Career Counselor?
- Yes No If necessary, are you willing to complete an on-line training about mentorships for the YCC Grant?
- Yes No Do you agree to provide mentoring to YCC students, per quarter for one calendar year, which includes weekly meetings within the traditional school schedule?
- Yes No Do you agree to record comments and updates utilizing documentation forms?
- Yes No May we use photos of you for marketing/recruitment purposes?
- Yes No Do you agree to seek out local employers for Job Shadowing and Internships?
- Yes No Do you have any current medical issues that would prevent you from mentoring?
-

Print full name:

Signature:

Date:

FOR Career Counselor/KEDC USE ONLY

Date Application Received: _____

Date Interview Completed: _____

Date Application Denied (if applicable): _____

Reason: _____