

SIGN-UP FORM FOR MENTORS

Thank you for your interest in participating in Title V, UHV Connections E-Mentoring Program.

Our goal is to create a program that will encourage the development of a meaningful online relationship between each mentor and mentee. To participate, you must go through a screening process.

First, we want to know more about you and your interests and skills so we can better match the interests of mentors and mentees. Please take the time to answer the brief list of questions below. Second, complete the application below; all information you provide will be kept confidential. After a routine background check, you will then participate in the online e-mentoring program.

Contact Information:

Date: _____

First Name: _____ Middle Initial: ____ Last Name: _____

Maiden Name: (if applicable) _____

Gender: Female Male Date of Birth: (mm/dd/yy) _____

Current Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Telephone Number _____ Cell _____

Company Name: _____ Job Title: _____

Work Address: _____

Work Phone: _____ E-mail Address: _____

References:

To ensure the safety of the program participants, UHV Connections will be checking personal references on every applicant. Please list three people who know you well and can attest to your character, skill and dependability.

Reference 1:

First Name: _____ Last Name: _____

Phone: _____

Phone Location (check one) Home or Work

Work E-mail: _____

Relationship: (check one) Clergy Family Friend Teacher Work Associate Neighbor

Reference 2:

First Name: _____ Last Name: _____

Phone: _____

Phone Location (check one) Home or Work

Work E-mail: _____

Relationship: (check one) Clergy Family Friend Teacher Work Associate Neighbor

