



Mentor Application

Application Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Employment:

Job Title/Position: _____ Company: _____

Work Phone: _____ Work Email: _____

Work Duties:

Education:

Please indicate highest level of education: _____

Degree and/or Certificates earned: _____

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?

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.

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:



Statement of Commitment:

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

- Complete the initial mentor trainings and one orientation session
- Attend monthly training sessions on various mentoring related topics
- Provide FBI and BCI background checks
- Provide proof of a driver's license and insurance
- Maintain confidentiality in matters regarding my mentee

By electronically 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 your interest in becoming a mentor for the Higher Education Mentoring Initiative. If you have any questions contact Trina Jones, Manager HEMI Program at 513.762.7121.

Please submit this application with your resumé and references online at: uwgc.org/hemi

Trina Jones, Manager of HEMI Program:

E-mail: HEMI@uwgc.org

Mail: 2400 Reading Road, Cincinnati, OH 45202



United Way
of Greater Cincinnati



Applicant Name:

Date:

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: