



Working Together to Make College Possible

Capital Partners for Education 2009 Mentor Application

Please complete this application and return to CPE at 1413 K St NW, Second Floor, Washington, DC 20005,
or fax to 202-682-6026.

Date: _____

PERSONAL CONTACT INFORMATION

| | | | |
|--|---------------|------------------|--------------------------------|
| Name: (last) | (First) | (Middle Initial) | (Preferred name, if different) |
| Home Address: | | | |
| City: | County: | State: | Zip: |
| Home Phone: | Mobile Phone: | Email Address: | |
| Circle One: | Male | Female | Date of Birth: |
| Please list any languages other than English that you speak: | | | |

EMPLOYMENT INFORMATION

| | | |
|---------------|------------|-------------|
| Profession: | Job Title: | |
| Employer: | | |
| Work Address: | | |
| City: | State: | Zip: |
| Work Phone: | Work Fax: | Work Email: |

Preferred Contact for CPE to use: (check one) Home/Mobile Work

EDUCATION

| | |
|---------------------|-----------|
| University/College: | Location: |
|---------------------|-----------|

| | | |
|------------------|-----------------|---------|
| Major: | Dates Attended: | Degree: |
| Graduate School: | Location: | |
| Major: | Dates Attended: | Degree: |

HISTORY OF WORKING WITH YOUTH

Have you ever worked with youth? Yes No

If yes, briefly describe your experience, your responsibilities, and the group with whom you worked.

To what extent do you feel comfortable talking with a teenager about the following:

| | VERY | SOMEWHAT | SLIGHTLY | NOT AT ALL |
|-------------------------|------|----------|----------|------------|
| Academic Skills | | | | |
| College Planning | | | | |
| Career Planning | | | | |
| Personal Issues | | | | |

PERSONAL INTERESTS

Please check all that apply:

| | |
|--|--|
| <input type="checkbox"/> Computers / Video Games | <input type="checkbox"/> Theater / Plays |
| <input type="checkbox"/> Cooking / Eating Out | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Drawing / Painting | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Working Out |
| <input type="checkbox"/> Museums | <input type="checkbox"/> Playing Sports (general) |
| <input type="checkbox"/> Music (general) | <input type="checkbox"/> Watching Sports (general) |
| <input type="checkbox"/> Dancing / Step | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Playing an Instrument | <input type="checkbox"/> Football |
| <input type="checkbox"/> Cultural Activities | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Being Outdoors | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Biking |
| <input type="checkbox"/> Talking | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Watching TV | <input type="checkbox"/> Other _____ |

GENERAL INFORMATION

Why do you want to be a mentor?

What do you feel you can offer a CPE student?

Do you have any special skills/interests/experiences that you would like to share with a student?

Do you have at least 6 hours per month to devote to a student (including weekly contact and a monthly meeting)?

Yes No

PERSONAL HISTORY

Do you have any medical condition(s) that would limit your participation?

Yes No

If yes, please explain: _____

Have you ever been convicted of a felony?

Yes No

If yes, please explain: _____

Have you had any past or present problems related to abuse of drugs or alcohol? Yes No

If yes, please explain: _____

PERSONAL REFERENCES

Please list the names, contact information, and relationships to you, of two people CPE can contact for personal reference checks.

| Name | Contact Information | Relationship to you |
|------|---------------------|---------------------|
| | | |
| | | |

BACKGROUND CHECK

