



Leaders In Training Sports Mentoring Program * C/o the Urban Affairs Coalition * 6th Floor * 1207 Chestnut Street
 Philadelphia, PA 19107 * Phone: 267.377.3471 * Fax: 215.851.0514
 * Email: eugene.pough@litsports.org * Website: www.litsports.org

Mentor Application

(please print) Date _____

Name of applicant _____ Birth Date _____ SS # _____

Address _____

City _____ State _____ ZIP _____

Home Telephone _____ Home E-mail _____

Employer _____ Occupation _____

Address _____

City _____ State _____ ZIP _____

Business Telephone () _____ Fax _____ Business e-mail _____

Preferred Day (Mon – Fri) Choice #1 _____ Choice #2 _____

Best Time of Day to mentor (check all that applies): morning afternoon evening

Write a brief statement on why you wish to be a mentor in the _____ **Program**

Describe special interests/ hobbies, which may be helpful in matching you with mentee (e.g. cooking, crafts, career interests, chess, stamp collecting, sports such as baseball or football, computers, art, needlepoint, speak another language, music, painting):

I would like to work with a student age _____

State the addresses where you have lived for the last five years (begin with the most recent after the current one):

DATES _____ Address _____
 City _____ State _____ ZIP _____

DATES _____ Address _____
 City _____ State _____ ZIP _____

DATES _____ Address _____
 City _____ State _____ ZIP _____



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Mentor Personal/Employment History and Release Statement

Please provide two personal references (other than family members):

1. Name _____ Telephone _____ Relationship _____
 Address _____ City _____ State _____ ZIP _____

2. Name _____ Telephone _____ Relationship _____
 Address _____ City _____ State _____ ZIP _____

EMPLOYMENT HISTORY

List the last three places of employment with the most recent first:

Company _____ Address _____ City _____ State _____ Zip _____
 Dates of Employment _____ to _____ Title _____

Company _____ Address _____ City _____ State _____ Zip _____
 Dates of Employment _____ to _____ Title _____

Company _____ Address _____ City _____ State _____ Zip _____
 Dates of Employment _____ to _____ Title _____

Mentor Release Statement

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the _____ Mentoring Program. I understand that the program involves spending a minimum of one hour/week at the assigned location. Further, I understand that I will attend a training session, keep in regular contact with my mentee and communicate with staff regularly during this period. I am willing to commit to one year in the program and then will be asked to renew for another year.

I have not been convicted, within the past ten years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment.

Further, I hereby fully release, discharge and hold harmless the _____ Mentoring Program, participating organizations and all of the foregoing employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the _____ Mentoring Program.

I understand that the _____ staff will not permit any individual (the“applicant”) to serve in this organization as a mentor who has been discovered to have had a criminal conviction and not complete his/her sentence; be listed on a sex offender registry in any state; or ever been investigated, charged or convicted of any crime again a child involving sexual, emotional or physical abuse.)

I understand that the _____ staff reserves the right to terminate a mentor from the program. The program takes place within the confines of the program’s policies and does not permit relationships established



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between mentor/mentee and family members beyond the organized and supervised activities of the program. I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a federal criminal background check. Program staff has final right of acceptance of applicant into the program and reserves the right to terminate a mentor from the program at any time. I have read this Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

Signature of applicant

Date