

SIGN-UP FORM FOR MENTORS

(Early Start Development Inc e-mentoring program)

Thank you for your interest in participating in Early Start Development Inc, eMentoring 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 need to 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 an online training program.

Contact Information:

Date: _____
First Name: _____ Middle Initial: _____ Last Name: _____
Maiden Name: (if applicable) _____
Job Title: _____
Company Name: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ E-mail Address: _____
Gender: Female Male Date of Birth: (mm/dd/yy) _____
Social Security # (Last 4 #s Only): _____
Current Home Address: _____
City: _____ State: _____ Zip: _____
County: _____
Home or Cell Phone: _____

Previous Addresses:

(Please list all residences for the past five years, starting with the most recent.)

Address 1:

Street Address: _____
City _____ State _____ Zip _____ County: _____

Address 2:

Street Address: _____
City _____ State _____ Zip _____ County: _____

Address 3:

Street Address: _____
City _____ State _____ Zip _____ County: _____

Address 4:

Street Address: _____
City _____ State _____ Zip _____ County: _____

References:

To ensure the safety of the program participants, the Early Start Development Inc program 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 Co-Worker
 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 Co-Worker
 Neighbor

Reference 3:

First Name: _____ Last Name: _____

Phone: _____

Phone Location (check one) Home or Work

Work E-mail: _____

Relationship: (check one) Clergy Family Friend Teacher Co-Worker
 Neighbor

Questions:

1. Why do you want to take part in the ESD Mentoring Program?

2. Have you ever worked with youth? Yes No.

If yes, please explain in what capacity you have worked with youth. (What was your role and was it through volunteer activities, your own children, how long ago, etc.?)

3. What do you do for your current employer? (Briefly explain your current job responsibilities. Please attach a current resume)

Confirmation (Background Authorization):

I, _____ (*print full name*), want to serve as a mentor for the Early Start Development Inc Mentoring Program (which program PEARLS or ONYX) _____ . I understand that a third-party investigative agency will be conducting a background check on all volunteer applicants prior to their acceptance into the program. Any information obtained by the investigative agency conducting the background check will be used only in connection with the applicant's participation in the Early Start Development Inc Mentoring Program.

By my signature below, I authorize Early Start Development Inc to conduct the background check for the ESD Mentoring Program, and to make investigations and inquiries as necessary for purposes of my participation in this program. I also authorize all law enforcement agencies and courts to release information, if any, concerning me to Early Start Development Inc. This authorization does not include the release of any medical information. If accepted as a volunteer for the Early Start Development Inc, I agree to adhere to the Online Safety and Program Guidelines outlined in connection with the ESD Mentoring Program of choice (PEARLS or ONYX).

Signature

Date