

Black Data Processing Associates Rhode Island Chapter Mentorship Program

Mentor Application Form

Please print

T- 12- D-4		
Today's Date:		
Date of Birth:/	/ Social Security #	# :
First Name:	Middle Initial	Last Name:
Address:		
City:	State:	Zip Code:
Telephone #	Email Addres	s:
Marital Status:		
How long have you lived in	n Rhode Island? Check one	: Less than 1 year more than 1 yea
Do you have previous exp	erience working with youn	g people? Yes (Please describe)No

Please list any of the following: hobbies, special interests, talents, memberships, relevant experiences, sports, foreign languages, volunteer and community service activities (please)
be specific as this information is used to match you with a student)
<u>Professional</u> : Currently (check one) Employed Unemployed Retired Self-employed Student
Current occupation and job title
If you are currently employed, name and address of employer
Work phone
Email
May you be contacted at work? Yes No
Brief previous work history: Please list previous employment/career information (resume not needed).

Please list three personal references: Name/address/phone	
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1	
2	
3	
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<u>Education</u>	Yrs/Date of Graduation
High School	
College	
Vocational	
Other (please	
specify)	
Degrees or certificates earned	

Please read the following before signing this application:

In completing this application to be a mentor, I understand that:

- I will meet with my mentee once a week during the school year.
- I will keep the coordinator informed of all contacts with my student.
- I will provide current contact information (address, phone, email) to the coordinator.

- I would mentor a special needs student. Yes No Possibly______ (special needs students include those with minor learning or cognitive disabilities)
- I give Black Data Processing Associates Rhode Island Chapter permission to use my photograph in promotional materials. These photos will be used for marketing purposes only and in good taste. I reserve the right to have any photograph removed from public relations materials by contacting program staff.

This form has been completed to the best of my ability. I believe the answers to be true and factual. I understand that only information the program administrators feel is pertinent will be given to the parent/guardian/student prior to matching.

	Date
Signature	

Return this completed and signed application to:
BDPA- RI Mentorship program
Program Coordinator
P.O Box 28592
Providence, RI 02908

For details, Contact the Mentor Coordinator at 401 273-2372

