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Please list three personal references:  
Name/address/phone

1. \_\_\_\_\_
  
2. \_\_\_\_\_
  
3. \_\_\_\_\_

<u>Education</u>	<u>Yrs/Date of Graduation</u>
High School _____	_____
College _____	_____
Vocational _____	_____
Other (please specify) _____	_____

Degrees or certificates earned

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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.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

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***



**United Way Agency**