



NORTHSHORE CHAPTER

Mentor Application

Full Name: _____ Date: _____

Permanent Address: Street: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work: _____ Business: _____

Business/Employer: _____ Title: _____

Length of Employment/Business (Current): _____

Education Completed: High School _____ College: _____ Other (explain): _____

What motivated you to participate in the Louisiana Professional Women's Association Mentoring Program?

Can you meet with a Mentee twice a month during the school year? Yes _____ No _____

Do you have a preference as to:

An 11th grader Yes _____ No _____ OR A 12th grader Yes _____ No _____

Would you be willing to work with a differently challenged child? Yes _____ No _____

What do you like to do in your leisure time? _____

To what service or social groups do you belong? _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain:

Do you object to the school district running a background check on you? Yes _____ No _____

Please list three references who have known you for more than a year. Print complete names, addresses, telephone numbers, and relationship for three people you authorize us to contact who would evaluate your qualifications as a volunteer. Do not include more than one family member.

1. Name: _____
Address: _____
Phone Number: _____ Relationship to you: _____
2. Name: _____
Address: _____
Phone Number: _____ Relationship to you: _____
3. Name: _____
Address: _____
Phone Number: _____ Relationship to you: _____

MENTOR AGREEMENT

As a volunteer for the Louisiana Professional Women's Association Mentoring Program, I agree to:

- Attend a training session before the beginning
- Be on time for school mentee luncheon
- Be on time for scheduled meetings
- Notify the LPWA and school office if I am unable to keep my school site meetings
- Engage in the relationship with an open mind
- Accept assistance from the program coordinators, when needed
- Keep discussions with my mentee confidential
- Notify the LPWA of changes in my contact information.

Signature: _____ Date: _____