



Los Angeles County Schools Dollars for Scholars Program Mentor Application

Dear Prospective Mentor,

We thank you for your interest in serving as a **Life Changing Mentor** for the Los Angeles County Schools Dollars for Scholars Scholarship program.

Life Changing Mentors encourage the total growth of a young, promising person whose needs and interests are the mentor's primary consideration. Our program unites scholarship recipients with individual mentors, who over a two- to five-year period form a unique bond of friendship.

It has been our experience that mentorship helps students broaden their intellectual and cultural horizons, improve academic performance, and complete an advanced education. Our mentors help youth access the resources, skills and tools for intellectual, economic and emotional independence. Toward that end, we are here to help students develop leadership skills, a stronger self-concept, healthy life choices, volunteerism and career exploration.

WHO ARE OUR MENTORS?

Our mentors are mature and trusted adult friends 25 and older who also are a supportive resource to our scholarship students. While they are not required to have a college degree, our mentors are comfortable helping a young person through the college planning process under the guidance of Los Angeles County Schools Dollar for Scholars board members.

Our mentors reside all over the United States and are stable role models who provide a positive sense of identity and purpose. There are no specific life experiences required of our mentors; we only ask that they be good listeners, reliable, patient, flexible and accepting of differences.

WHAT DO OUR MENTORS DO?

As a trusted friend, the mentor is in a position to help the student develop both short-and long-term goals and problem solving techniques, as well as to guide him/her through various life challenges. Mentors are not asked to take the place or role of parents, teachers or counselors; instead they are to be a good friend and guide who shares life experiences with a student.

For the first three months, we ask our mentors to commit to participating twice a month in an outing of five or more hours and to have at least weekly contact by telephone, e-mail, or letter. After three months the commitment is one activity per month (for a total duration of six hours), along with weekly phone calls and/or letters.



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Typical events include movies or plays, concerts, museums, sports events, lunches or dinners, and activities at the mentor's home, as well as activities sponsored by the Los Angeles County Schools Dollar for Scholars Program.

THE SCREENING PROCESS

Mentor screening begins with a personal interview conducted by members of the Los Angeles County Schools Dollars for Scholars Board of Directors.

Through extensive interviewing of both students and mentors, board of director members will use information related to hobbies, academics, recreational and career interests, musical and athletic inclinations and relevant personality characteristics to determine appropriate matches.

HOW DO I BECOME A MENTOR?

If you are interested in becoming a mentor, we ask that you are:

- 25 years of age or older
- A non-smoker
- An insured, safe driver
- Available two Saturdays per year for Dollars for Scholars events
- Genuinely interested in teens and open to learning
- Able to commit to a two-to-five year relationship with a student

If you meet these qualifications and are interested in becoming a mentor, please complete our mentor application.



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Date of Application:

Name:
First Middle Last

Male Female Birthdate: Age:

Martial Status: Single Married Partnered Divorced/Separated Other

Spouse/Partner's Name (If applicable):

Do you have any children? Yes No If yes, please list name(s) and age(s):

Drivers License #: Expiration Date: State:

Do you smoke? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please describe:

HOME INFORMATION:

Home Address:
Number Street Apartment number

City State Zip Code

Telephone: () Fax: ()
Area Code Area Code Best time to reach you at home.

Cell: () E-mail Address:
Area Code

How long have you lived at this address? How long did you live at your previous address?

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WORK/BUSINESS INFORMATION:

Primary industry (e.g., education, medicine, the arts):

Primary Professional Role (e.g., teacher, nurse, musician):

Employer's Name:
First Middle Last Title

Employer's Address:
Number Street Suite number

City State Zip

Business hours: How long with current employer?

Can you be contacted at work? Yes No If yes, what is the best time to call?

Telephone: () ()
Area Code Extension: Area Code

Office E-mail :

How long were you employed at your previous workplace?

ETHNICITY: *(check all that apply)*

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> African-American
(not of Hispanic origin) | <input type="checkbox"/> Chinese/Chinese
American | <input type="checkbox"/> Japanese/Japanese
American | <input type="checkbox"/> White
(not of Hispanic
origin) |
| <input type="checkbox"/> American Indian or
Alaskan Native | <input type="checkbox"/> East Indian/Pakistani | <input type="checkbox"/> Korean/Korean
American | Other: _____ |
| <input type="checkbox"/> Chicano/Mexican-
American | <input type="checkbox"/> Filipino/Philipino | <input type="checkbox"/> Latino/Latin-American | |



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EDUCATION: *(Please check all that apply)*

<input type="checkbox"/> High School Diploma <input type="checkbox"/> Certification <input type="checkbox"/> Credential <input type="checkbox"/> Partial Undergraduate <input type="checkbox"/> AA (Associates Degree) <input type="checkbox"/> Bachelors Undergraduate Degree <input type="checkbox"/> Partial Graduate School <input type="checkbox"/> Masters Graduate School <input type="checkbox"/> D.D.S. (Dental Degree) <input type="checkbox"/> J.D. (Law Degree) <input type="checkbox"/> M.D. (Medical Degree) <input type="checkbox"/> Ph D.	School Name/Location: <input style="width: 100%;" type="text"/> Specify: <input style="width: 100%;" type="text"/> Specify: <input style="width: 100%;" type="text"/> Name of Community College: <input style="width: 100%;" type="text"/> Name of College: <input style="width: 100%;" type="text"/> Name of Graduate School: <input style="width: 100%;" type="text"/> Name of Graduate School: <input style="width: 100%;" type="text"/> Name of Dental School: <input style="width: 100%;" type="text"/> Name of Law School: <input style="width: 100%;" type="text"/> Name of Medical School: <input style="width: 100%;" type="text"/> Area of Degree/Name of School: <input style="width: 100%;" type="text"/>
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BACKGROUND/AVAILABILITY:

Please describe your experience, if any, working with teenagers. Note: Lack of experience does not disqualify you from mentoring: *(Attach additional sheets if necessary)*

Are you a Los Angeles County Schools Dollars for Scholars Donor Alumnus? Yes No

Are you fluent in any foreign or sign language? Yes No

If yes, which one (s)?



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Within what radius from your home are you comfortable traveling to meet your student (e.g. 10 miles, 15 miles, etc.)?

Do you feel you can meet the minimum standard of spending at least 1 day per month with a student and making weekly phone calls? (NOTE: For the first three months, mentor must be available to see a student every two weeks.)

Yes No

Would you be able to commit to mentoring your student until college graduation (approx. 2-5 years)? Yes No

Do you have any physical restrictions that you think we should be aware of? Yes No

If yes, please describe here:

Do you drive? Yes No

If not, do you have reliable transportation for your student and yourself during outings/events? Yes No

If so, please describe means of transportation:

Please list below any changes that you may be anticipating in the next year or so in the following areas, and give an estimated date for each of them. (Write "none" when no changes are expected)

Anticipated changes in personal life (marriage, baby, etc...):

Anticipated changes in residence:

PROGRAM IDENTIFICATION QUESTIONS: (Please note: Lack of experience with disabilities or health conditions does not mean you are ineligible to work with a student with a disability/health condition, if that is your preference).

Do you have experience, either professional or personal, in working and/or communicating with people with disabilities?

Yes No

If yes, please describe the nature of your experience and the population, including types of disabilities and age range (e.g., teenagers, senior), with which you have had experience. (Attach additional sheets if necessary)



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PROGRAM IDENTIFICATION QUESTIONS:

Have you taken any educational courses specifically related to disability issues? Yes No

If yes, list the courses:

Would you be open to mentoring a student with physical disability (e.g., mobility impairment) or sensory disability (e.g., visual, hearing or speech impairment)? (Answering "no" to this question will not affect your eligibility to become a Los Angeles County Schools Dollars for Scholars mentor). Yes No

Would you be open to mentoring a student with a health condition such as diabetes, asthma, cystic fibrosis, heart condition, etc ? Yes No

(Answering "no" to this question will not affect your eligibility to become a Los Angeles County Schools Dollars for Scholars mentor).

Do you have a disability or health condition? Yes No

If yes, what is/are your disability(ies) and/or health condition(s)?

Check those disabilities/health conditions with which you feel comfortable working with:

Blind/Visual Impairment

Health-related (e.g. Diabetes, Heart Condition

Deaf/Hard of Hearing

Mobility (Cerebral Palsy, Muscular Dystrophy, etc.)
Wheelchair users

Speech Impairment

Other disabilities/health conditions:

Do you have a vehicle that can accommodate a wheelchair? Yes No



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REFERENCES:

We will be conducting background checks on each mentor applicant as required by our insurance company. Please provide us with one business reference from your supervisor. If you have your own business, the reference needs to be someone with whom you are currently doing business. Also required are two personal references who can vouch for your reputation and character. We prefer local references who have known you for at least two years. Please do not list relatives. **Please provide us with all the information requested on this form.**

PLEASE PRINT LEGIBLY OR TYPE

EMPLOYER/SUPERVISOR/BUSINESS ASSOCIATE REFERENCE - # 1

Name: Title:
Last First Middle Initial

Male Female

Company/Organization:

Address:
Number Street Suite Number

City State Zip Code

Business Telephone: () Home Telephone: ()
Area Code Area Code

Fax: () Cell: ()
Area Code Area Code Best time to reach you.

E-mail Address:



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EMPLOYER/SUPERVISOR/BUSINESS ASSOCIATE REFERENCE - # 2

Name: Title:
Last First Middle Initial

Male Female

Company/Organization:

Address:
Number Street Suite Number

City State Zip Code

Business Telephone: () Area Code Home Telephone: () Area Code

Fax: () Area Code Cell: () Area Code Best time to reach you.

E-mail Address:

EMPLOYER/SUPERVISOR/BUSINESS ASSOCIATE REFERENCE - # 3

Name: Title:
Last First Middle Initial

Male Female

Company/Organization:

Address:
Number Street Suite Number

City State Zip

Business Telephone: () Area Code Home Telephone: () Area Code

Fax: () Area Code Cell: () Area Code Best time to reach you.

E-mail Address:



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MENTOR CONSENT:

I agree that the Los Angeles County Schools Dollars for Scholars Program may conduct a routine background check with the appropriate authorities, including the Department of Justice and the Department of Motor Vehicle, as well as with the references listed on the previous page. I understand that I will be interviewed and fingerprinted by a Los Angeles County Schools Dollars for Scholars Case Manager. I am forwarding a copy of my auto insurance identification card (if applicable) and driver's license (or photo I.D.) with this application.

The Los Angeles County Schools Dollars for Scholars Program is committed to diversity in the workplace and its mentoring programs. We comply with equal employment opportunity and other applicable laws prohibiting discrimination in the workplace and relevant programs. Our employees and volunteers are also selected without regard to race, religion, national origin, disability, sexual orientation or other protected characteristics.

Signature:

	Date:
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PLEASE RETURN APPLICATION with a copy of your Driver's License/Photo I.D. to:

Evelyn M. Toliver
Board President
Los Angeles County Schools Dollars for Scholars Program
3055 Wilshire Blvd., Suite 1100
Los Angeles, CA 90010
(213) 637-3150