



# MENTOR PROGRAM APPLICATION

## Contact Information

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Business address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Referred by: \_\_\_\_\_

## Preferences / Availability

Would you prefer to mentor a:  Girl  Boy  No preference

You will be spending 30-45 minutes each week with your student at the school site. Please select dates and times you would be available:

Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Lunch hour	<input type="checkbox"/> Afternoon
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Lunch hour	<input type="checkbox"/> Afternoon
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Lunch hour	<input type="checkbox"/> Afternoon
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Lunch hour	<input type="checkbox"/> Afternoon
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Lunch hour	<input type="checkbox"/> Afternoon

Please select the school(s) you would be able to mentor at:

### Elementary Schools

- Edward Bain School of Language & Art (EBSOLA)
- Brass Community School
- Bristol
- Bose
- Curtis Strange
- Forest Park
- Frank
- Grant
- Grewenow
- Harvey
- Jefferson
- Jeffery
- Kenosha School of Enhanced Technology Curriculum (KTEC)
- McKinley
- Paris
- Pleasant Prairie

- Prairie Lane
- Roosevelt
- Riverview (Silver Lake)
- Salem
- Somers
- Southport
- Stocker
- Trevor-Wilmot
- Vernon
- Whittier
- Wilson

### Middle Schools

- Bullen
- Lance
- Lincoln
- Mahone
- Washington
- Other Kenosha County school: \_\_\_\_\_

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# Please read the following statements and sign your name

In applying to become a KABA student mentor, I understand and agree to the following:

- My application will be reviewed and screened. I authorize Kenosha Area Business Alliance or its agent to perform a personal background check. I understand that the information I provide below will be used for the personal background check. All information will be kept strictly confidential by the third-party representative. KABA will not see any reference or background check information. The reference check takes approximately three weeks.
- I will participate in a personal interview with a qualified third-party representative as part of the screening process.
- Once accepted as a mentor for a student, I agree that all contact with the student will be inside the student's school and only after the student has been released from class by either his/her teacher or other school official.
- Once placed I will make every effort to meet weekly with the student and to keep the school informed should my schedule change or I am unable to attend.

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

Maiden name: \_\_\_\_\_

Previous married name(s): \_\_\_\_\_

Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

## References

Please provide the names and phone numbers of four personal references that you have known for at least one year. A minimum of three references will be contacted by phone using a third-party representative. Please notify references that they will be contacted.

**NOTE: Do not list relatives.**

1. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

If you have any questions regarding the Mentor Program, please contact Brooke Infusino at 262.605.1100 or [binfusino@kaba.org](mailto:binfusino@kaba.org).

When the form is complete, please mail, fax or e-mail to:

**Kenosha Area Business Alliance**

5500 6th Avenue, Suite 200

Kenosha, WI 53140

Fax: 262.605.1111

E-mail: [binfusino@kaba.org](mailto:binfusino@kaba.org)

Applications are also available online at:

[www.kaba.org](http://www.kaba.org)

## Office Use Only

Start: \_\_\_\_\_

School: \_\_\_\_\_

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_