



## Mentor Application

### Personal Information

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Gender (optional):  Male  Female Date of Birth (optional): \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Ethnicity (optional)

- African America/Black
- Asian American/Pacific Islander
- Latino/Hispanic
- Native American
- White/Caucasian
- Multiethnic
- Other: \_\_\_\_\_

We seek to create a diverse community of mentors, one that reflects the diversity of people for whom we provide support. We strongly encourage people of all abilities, ethnicity and orientations to apply.

### Experience

Are you fluent in any other language(s) besides English? (If so, please list) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Name of Supervisor or Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Work Address \_\_\_\_\_  
Street City State Zip

May we contact your employer?  Yes  No

What is your educational background (list schools and degrees)?  
\_\_\_\_\_  
\_\_\_\_\_

What job or volunteer experience have you had that you feel is relevant to mentoring with 10,000 Degrees?  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us why you would like to become a mentor and what excites you most about this possibility:  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony, violent crime or sexual assault?  Yes  No



Creating college graduates who change the world

**References**

**References: Please list the names, addresses, and phone numbers of two people who have known you for at least one year. Do not include relatives.**

1. Name \_\_\_\_\_ Daytime phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

How long have you known this person? \_\_\_\_\_ Your Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Daytime phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

How long have you known this person? \_\_\_\_\_ Your Relationship \_\_\_\_\_

**Additional Information**

If there is anything else you would like to add that would help us evaluate your overall qualification, please do so. Use additional paper, if necessary.

*I certify that the above information is true to the best of my knowledge. I grant permission to 10,000 Degrees to verify my employment and/or my volunteer experience, and to contact the references provided, as well as various police enforcement agencies and child protection services. I understand that all of this information will be treated as confidential.*

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

**Please return completed application to:**

10,000 Degrees  
781 Lincoln Avenue, Suite 140  
San Rafael, CA 94901  
Tel. (415) 459-4240