

## MENTOR/VOLUNTEER APPLICATION

<b>Please Check Interest:</b> <input type="checkbox"/> Mentor <input type="checkbox"/> Volunteer <input type="checkbox"/> Buddy Mentor <input type="checkbox"/> Guest Speaker <input type="checkbox"/> Adopt A School <input type="checkbox"/> Company Mentor					
Last Name:		First Name:		Middle Initial:	
Street Address:				Apartment #:	
City:		State:	Zip:	Email:	
Phone: (Home) _____ (Work) _____ (Cell) _____				<b>Highest Level of Education Completed:</b> <b>(please check one)</b> <input type="checkbox"/> High School Graduate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Professional Degree	
Job Title:		Employer:			
Social Security Number: _____ - _____ - _____					
Birthdate: ____/____/____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Has your supervisor approved your participation in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>For Students and Buddy Mentors ONLY</b> <b>Major:</b> _____ <b>GPA:</b> _____ <b>Class Standing:</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Can you be contacted at work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What languages do you speak? _____					

**For Company Mentors ONLY**

<b>Please Check Interest:</b> <input type="checkbox"/> Adopt A School <input type="checkbox"/> Internships <input type="checkbox"/> Community Service <input type="checkbox"/> Guest Speaking					
Company Name:			Type of Company:		
Company Address:			Suite Number:		
City:		State:	Zip:	Email:	
Company Phone: (Work) _____ (Ext.) _____ (Fax) _____				Contact Name:	
Contact Job Title:		Contact Supervisor:		Contact Phone Number:	

**Choose An Area Of Focus for Internships and Community Service Only:**

<input type="checkbox"/> Marketing/Advertising	<input type="checkbox"/> Human Resources/Management	<input type="checkbox"/> Accounting/Finance/Banking
<input type="checkbox"/> Journalism/Communications	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Computer Graphics
<input type="checkbox"/> Music Technology	<input type="checkbox"/> Sports Promotions	<input type="checkbox"/> Law/Government and Policy
<input type="checkbox"/> Science/Engineering	<input type="checkbox"/> Health Services/Pharmaceuticals	<input type="checkbox"/> Art/Curator/Fashion Design
<input type="checkbox"/> Education/Training/Library	<input type="checkbox"/> Computer/Technology	<input type="checkbox"/> Aerospace/Aviation
<input type="checkbox"/> Architecture	<input type="checkbox"/> Publishing/Printing	<input type="checkbox"/> Hospitality/Tourism

**Check All That Applies**

How many participants needed: \_\_\_\_\_  Middle School             High School             College



**Guest Speaking, Community Service and Adopt A School ONLY:**

**Please Circle School Preference:**

(Middle School):    Bridger    Cashman    Martin    Orr    Smith    West  
 (High School):    Clark    Desert Pines    Valley    Canyon Springs    Mojave    Rancho    Western

**Please list your available days and times:** \_\_\_\_\_

**Please Check an Activity**

- \_\_\_\_ Classroom presentation    List topics? \_\_\_\_\_
- \_\_\_\_ Tutoring    List subjects? \_\_\_\_\_
- \_\_\_\_ Sports    Which activities? \_\_\_\_\_
- \_\_\_\_ Performing Arts    Please describe: \_\_\_\_\_
- \_\_\_\_ Arts & Crafts    Please describe: \_\_\_\_\_
- \_\_\_\_ Movie/Bowling/Skating    Please describe: \_\_\_\_\_
- \_\_\_\_ Other (Please describe below) \_\_\_\_\_

**For ALL Applicants:**

**Describe your experiences as a mentor/volunteer. Include the name of program, dates of participation and duties.**

Name of Program	Dates of Participation	Your Duties	Contact Person/ Title	Phone Number/ Email

**Please list your available days and times:** \_\_\_\_\_

Have you ever been convicted of a felony?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please explain in the space provided:

\_\_\_\_\_

\_\_\_\_\_

Yes, I would like to serve as a mentor/volunteer to Center for Academic Enrichment and Outreach (CAEO) participants. I understand that I must complete training and fulfill the service requirement of 1 full school year. Furthermore, I attest that all of the above information on this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

If you have any questions, please contact Sydni Sayles-Long at (702) 597-2545 or email at [Sydni.Sayles-long@ccmail.nevada.edu](mailto:Sydni.Sayles-long@ccmail.nevada.edu)

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