

MENTOR APPLICATION

PERSONAL INFORMATION		
Name:		
Address:		
City:	State:	Zip:
Cell Phone:		
Alternate Phone:		
Preferred Email:		
Driver's License No.:	State Issued:	
Auto Insurance Policy No.:	Auto Insurance Policy Exp.	Date:
Date of Birth:	Ethnicity:	
Highest Completed Education Level:		
Please list all colleges/universities from which you	earned degree(s):	
Please note that the primary means of	communication with mentor	rs is via e-mail.
CURRENT EMPLOYMENT INFORMATION		
Employer's Name:		
Occupation / Title:		
Work Address:		
City:	State:	Zip:
Length of Time with Employer:		
GENERAL INFORMATION		
1. Why would you like to be a mentor?		
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2. Do you have experience working with youth from ur	nderserved communities? If yes	s, please elaborate.
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GENERAL INFORMATION CONT.		
3. Do you foresee any conflicts in your schedule the	nat would prevent you from actively participating in MOSTe?	
4. Can you commit to being a mentor in the progr	ram the full school year (August through June)?	
•	-American, or Latina. Do you have any preferences?	
If yes, please indicate preference.		
6. Which program is a better match for your person	onality, schedule, and volunteering preferences: (check one)	
Team-Based Mentoring in grades 7-10 (Fin	rst time mentors choose this option)	
Individual Mentoring in grades 11 and 12		
7. MOSTe operates in six regions of Los Angeles	County, designated below by middle schools:	
Johnnie Cochran Middle School 323/733-2157	Carver Middle School 323/233-3261	
4066 West 17th Street, Los Angeles, CA 90019	4410 McKinley Avenue, Los Angeles, CA 90011	
Woodrow Wilson Middle School 626/449-7390	LA Leadership Academy 213/381-8484	
300 Madre Street, Pasadena, CA 91107	2670 Griffin Avenue, Los Angeles, CA 90031	
0 10 W:18 01 1 200 /555 0044	EL: M. II. W: III. C. I. 1 202 /7/0 7700	
Samuel Gompers Middle School 323/575-9211 234 E. 112th Street, Los Angeles, CA 90061	Edwin Markham Middle School 323/568-5500 1650 E 104th St, Los Angeles, CA 90002	
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Do you have a preference with respect to which so	hool/region you will be assigned?	
If yes, please indicate preference.		
INTERESTS / SKILLS 1. What are your hobbies or special interests?		
1. What are your hobbies of special interests:		
2. List current and past club/ organization affiliati	ons:	
3. How would you like to influence your team/ind	lividual scholar?	

INTERESTS / SKILLS CONT.		
4. Is there any additional information/factors to be considered with regards to your participation with MOSTe?		
REFERENCES- Please submit contact information for three individuals, unrelated to yourself. Please also		
advise these individuals that they will be contacted by an individual from MOSTe to discuss your application.		
Name e-mail address		
Phone:		
Name e-mail address		
Phone:		
Name e-mail address		
Phone:		
I,(print name), hereby give my consent to the MOSTe program to		
obtain information about me from my employer, any referrals listed above, and/or any club or affiliation listed		
above. I further give my consent to the above listed employer, referrals, and/or clubs or affiliations to release		
information about me to the MOSTe program. I further authorize the MOSTe program to use photographs		
and/or stories about my participation in MOSTe in their public relations and publicity activities.		
Signature: Date:		
The MOSTe Executive Board and the MOSTe program do not accept any responsibility for any		
participant in the MOSTe program. Participation in the MOSTe program is completely voluntary.		
Please include the following with your application:		
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1. Copy of driver's license, or government issued identification card Send Application via:		
2. Copy of automobile liability insurance card Mail: MOSTe Mentor Applications		
3. Submit Fingerprints via Live Scan (our Live Scan # is 09845, ORI # is A7921) 645 W 9th St, Unit 110-376		
Los Angeles, CA 90015		
Fax: (888) 778-7340		
Email: alejandra.valenzuela@moste.org		
Linan, aicjandra.vaichzuela@inostc.org		
How did you hear about MOSTe: Print Media (which one?) /Event /Friend		
/Referral / L.A. Mentoring Hotline Other (Please explain)		
/ Iteration / Iter		
FOR OFFICE USE ONLY: Copy DL / Live Scan / Proof of Insurance / Mentor Contract		
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