

VOLUNTEER MENTOR APPLICATION



360 Colborne Street
Saint Paul, MN 55102
651-293-5952



Which group would you like to mentor:

- African American Hmong
 Latino
 American Indian Somali Karen
 Any of the above

Personal Information

First Name		MI:	Last Name:	
Address:			Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
City:	State:	Zip:	Birthdate:	
Home:	Other:	Cell:		
Work:	Ext.:	Fax:	Email:	
Employer:	Division:	Location:		
Occupation:	Organizational affiliations:			
Education: <input type="checkbox"/> Less high school <input type="checkbox"/> High school or GED <input type="checkbox"/> Some college <input type="checkbox"/> College degree <input type="checkbox"/> Advanced degree			Church affiliation:	
How did you learn about us?				
<input type="checkbox"/> Brochure	<input type="checkbox"/> Friend	<input type="checkbox"/> Internet	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> School
<input type="checkbox"/> News Article	<input type="checkbox"/> Radio/TV	<input type="checkbox"/> Work	<input type="checkbox"/> Community	<input type="checkbox"/> Family
<input type="checkbox"/> Mail Item	<input type="checkbox"/> Place of Worship	<input type="checkbox"/> Recruiter	<input type="checkbox"/> Other	
Send mail:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Okay to call work:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Activity Preferred:	Mentee preference:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
School preferred:	<input type="checkbox"/> Battle Creek	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Hazel Park	<input type="checkbox"/> Highland
	<input type="checkbox"/> Humboldt	<input type="checkbox"/> Murray	<input type="checkbox"/> Ramsey	<input type="checkbox"/> Washington
Skills to Share:				
Foreign language skills:				

References

Please list two people (not related to you) who know you well, such as co-workers, employers, supervisors from previous volunteer activities, or friends:

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

I certify that all information provided is accurate and up-to-date. I give permission for the district to contact the references provided. I also understand that submitting this application **does not** guarantee placement in a volunteer position and that the Saint Paul Public Schools may request a criminal background check on me to ensure the safety of students and staff.

Signature:	Date: