AAAT Collective Focus

Mentor Application

Updated 11/16/2016

Process to become a mentor

PHASE I: SCREENING

- ✓ **Submit the mentor application**
  Applications must be completed in full. Fancy fonts are not accepted as signatures. Do not leave blanks.

- ✓ **Submit clearances /obtain clearances**
  If you are a prospective mentor and have clearances that are within a year old, supply us a copy as a part of your application. If your clearances are on file with your employer or PPS Schools, this does not count. We must have a copy. **If you are a prospective mentor and you do not have FBI and child abuse clearances**, you must complete the child abuse and FBI form in the application. Incomplete forms significantly delay the clearances process. Therefore, we ask that you do not leave any blanks and remember to include, for example, social security number and all former addresses of places lived on the clearance form. **If you are a returning participant**, inquire with the Program Manager whether or not your clearances are up to date at the time of re-enrollment. Be advised that returning participants' clearances are valid for three years, only if the mentor has volunteered for three consecutive years. If there is a break between services, you will need to obtain new clearances.

- ✓ **Schedule an in person interview**
  New volunteers are required to participate in an interview with a team member. Interviews take place at the Urban League of Greater Pittsburgh, downtown, at 610 Wood Street.

PHASE II: TRAINING AND ORIENTATION

- ✓ **Complete mandatory online training**
  The online training is required for both new and returning mentors as of May 2015. You will receive a login and pass code to complete our online training.

- ✓ **Attend orientation in September**
  We offer two orientations in September during which you will meet the mentors in your group, receive information about the activities for the year, and more.

- ✓ **Attend the first day of mentoring in October**
  Both new and returning participants are required to attend the first day of mentoring.

Volunteer Demographic Information

Contact Information

First Name		Last Name	
Mailing Address			
City		State		Zip code	
Work Phone		Cell Phone		Home Phone	
Email Address			

Occupation

If you are retired, indicate former occupation information.

Occupation	
Employer/School	
Career Field/Major	

Reference Check

Please provide us with one personal and one professional reference.

Name	
Phone Number	
Relationship	

Name	
Phone Number	
Relationship	

Demographic Information

What is your Date of birth? _____

Sex
☐ Male ☐ Female

Race
☐ White ☐ Hispanic/Latino ☐ Asian American ☐ African American ☐ Other _____

Age
☐ 16-20 ☐ 21-30 ☐ 31-40 ☐ 41-65 ☐ 66-81

Yearly Income
☐ < $5,000 ☐ $5000-$9999 ☐ $10,000-$14,999 ☐ $15,000-$19,999 ☐ $20,000 -$24,000

☐ Over $25,000

Source of Income
☐ TANF ☐ PT Employed ☐ FT Employed ☐ Unemployment ☐ SSI ☐ Disability ☐ Retired

Education Level
☐ Some HS ☐ High School Diploma/GED ☐ Associates Degree ☐ Some College ☐ BS/BA ☐ Vocational Certificate ☐ Graduate Degree

Housing Information
☐ Own ☐ Rent Unsubsidized ☐ Rent Subsidized

Mentor Questionnaire

Select Preferences

Please note times are scheduled to change from year to year.

University Prep Middle School	University Prep High School	Westinghouse Middle School	Westinghouse High School
Tuesdays 1:45-2:45	Tuesdays 12:00-1:00	Thursdays 11:30-12:30	Thursdays, 1:45-2:45

I would like to be mentor at the following school:
☐ University Prep (3117 Centre Ave, Hill District) ☐ Westinghouse (1101 North Murtland St., Homewood)

Select Program:
☐ Middle School Mentor (grades 6-8) ☐ High School Mentor (grades 9-12)

I would like to work with:
☐ The same student I worked with last year ☐ A new student ☐ not applicable to me

I prefer working with following grade level student:
☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Receive weekly phone or text reminders.

☐ Call to remind me about session ☐ Text to remind me about session

Referral Info

How did you hear about this opportunity to become a mentor/graduation coach?

☐ Phone invitation ☐ E-mail invitation ☐ Mail invitation ☐ Invite from Teanna Medina
☐ United Way ☐ Other referral ☐ Returning participant ☐ Other _____

Verify Clearances

☐ I am a returning mentor and would like for AAAT to verify whether or not my clearance are up to dat
☐ I have FBI clearance within a year old and will submit a copy to AAAT with my application.
☐ I have child abuse clearance within a year old and will submit a copy to AAAT with my application.
☐ I do not have child abuse or FBI clearance within a year old or clearances, and will submit the required clearance forms with my application.

Co-mentor contact information (for co-mentors only)

If you plan to co-mentor with another person, provide the name and contact information of the person in the box below. To co-mentor with another person means that you have another individual who will attend session when you are unable to make it. Co-mentors must also fill out an application and undergo the same process as a mentor. AAAT is not responsible for pairing you with a co-mentor.

Full Name		Phone Number	

Mentor-Mentee Matching Form

Only complete if you are a new mentor or if:
You are a new mentor OR
You are requesting to work with a new student

1. **Mentor Bio**: In 4 to 5 sentences, tell us something about yourself and who you are. This information will be used to give to your students, share with parents, and for matching purposes.

2. Why do you want to mentor with our program?

3. I prefer to be assigned a ☐ male ☐ female ☐ No preference

4. Describe your ideal mentee.

5. How do you spend your free time?

6. What activities do you hope to do with your mentee?

7. Do you have a criminal record? If yes explain why below.

8. Tell me about your personal support network.

9. Do you want a mentee that is shy or outgoing?

10. Please give us any additional information that may help match you.

Clearance Authorization

Only complete if you are registering for child abuse clearance

CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

I _____(Applicant's Name), hereby authorize the Department of Public Welfare, ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to URBAN LEAGUE OF GREATER PITTSBURGH (ULGP).

I understand that this information is confidential in nature pursuant to §6340 (relating to information in confidential reports) of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released by ULGP without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned information will not be released directly to me _____ (Applicant's Name) as stated in the Pennsylvania Child Abuse History Clearance application.

I understand that I will not receive a copy of my Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I may request a copy of my Pennsylvania Child Abuse History Clearance from ULGP upon written request.

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Clearance application as it otherwise relates to this consent.

_____ _____

Date Applicant's Signature

Urban League of Greater Pittsburgh
Education and Youth Development Department
Teanna Medina, AAAT
610 Wood Street
Pittsburgh, PA 15222
(412) 227-4167

FBI Clearance Registration

Only complete if you are registering for FBI clearance

DO NOT LEAVE ANY BLANKS. IF YOU LEAVE ANY BLANKS WE WILL NOT BE ABLE TO PROCESS YOUR FBI REGISTATION FORM.

First Name _____

Last Name _____

Date of Birth _____

City and State Born _____

Social Security Number _____

Race _____

Eye Color _____

Hair color _____

Height _____

Weight _____

Country of Citizenship _____

Complete Home Address (include zip code)_____

Phone Number _____

Email Address _____

Media Release Form

I understand that photographs and/or videotapes may be taken in an effort to promote the Urban League of Greater Pittsburgh and its programs to the general public. I will grant the Urban League of Greater Pittsburgh the following rights in consideration of its possible use of photographs or videotapes I have submitted or appeared in.

1. The Urban League of Greater Pittsburgh will have total ownership of these materials, and the right to edit and use for purposes of program promotion, advertising or public relations.
2. Urban League of Greater Pittsburgh's use of my name, likeness or voice will not result in any liability to the Urban League of Pittsburgh for payment to any person or organization.

If the Urban League of Greater Pittsburgh uses in its marketing or program promotion an appearance of a minor (under 18 years of age), then signature/permission supplied by the parent or legal guardian shall constitute a grant to the Urban League of Greater Pittsburgh of the rights referred to above.

Accepted and Agreed

Name: _____

Address:_____

City:_____ State: _____ Zip: _____

Phone Number: _____ Email Address:_____

Signature (if over 18): _____

Date _____ Event _____

Parent/Guardian Name (if applicable): _____

Parent/Guardian Signature (if applicable): _____

How to submit your application

1) E-mail scanned copy to tmedina@ulpgh.org Put in the subject line "Completed Application."

2) Fax to 412-227-4870, write "Attention AAAT."

3) Mail your applications to The Urban League of Greater Pittsburgh, Education and Youth Development Department, AAAT Manager, 610 Wood Street, Pittsburgh, PA 15222.

4) Submit your application in person to the Urban League of Greater Pittsburgh on the third floor.

For Questions Contact Teanna Medina
Call: 412-227-4167
Email: tmedina@ulpgh.org