

The Alpha Leadership Project (ALP) Volunteer Mentor Application

DC-College Access Program (DC-CAP) • 1400 L Street NW, Suite 400 Washington, DC 20005 • (202) 783-2716

Please type or print clearly. All information provided will be treated as confidential solely and will only be used by the DC College Access Program (DC-CAP) for the purpose of assessing volunteer candidates' qualifications for acceptance into The Alpha Leadership Project.

(This form can also be completed on line)

Name: (Last)	(First)	(Middle Initial)	
Home Address:		Home Phone:	
City:	County:	State:	Zip:
Cell Phone:	E-mail:		
Home address, including county, Previous address if you have lived at current address for less than 3 years: <i>attach separate sheet if needed</i>			
Date of Birth:		Social Security Number:	
Race/ethnicity:			
Language(s) other than English:			

Employment

Profession:		Job title:	
Employer:			
Employer Address:		Number of Years on the Job:	
City:	State:	Zip:	
Work Phone:	Work Fax:	E-mail:	

Education

University/College	Name & Location:		
	Major:	Dates attended:	Degree:
Graduate School	Name & Location:		
	Field:	Dates attended:	Degree:
Trade School	Name & Location:		
	Field:	Dates attended:	Diploma/Degree:
Military Service	Branch, rank, dates of service:		

History of Working with Youth

Have you ever worked with youth? Yes No What age Group?

If yes, briefly describe your experience, responsibilities, and group with whom you worked.

To what extent do you feel comfortable talking with a teenager about the following?

	Very	Somewhat	Slightly	Not at all
A) Academic Skills				
B) College Planning				
C) Career Planning/Job preparation				
D) Personal Issues				

General Information

Hobbies, favorite recreational activities: Please check all that apply

Computers/Video Games
 Museums
 Theater
 Sports (general)
 Cooking/Eating Out
 Music (general)
 Reading
 Basketball
 Drawing/Painting
 Dancing
 Writing
 Football
 Movies
 Listening to music
 Shopping
 Tennis
 Playing music
 Working out
 Other (please specify) _____

Do you have children? Yes No If yes, how many? (Please list ages)

Why do you want to be a mentor?

Why do you want to be a mentor?

How did you hear about The Alpha Leadership Project?
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Medical History

Do you have any medical condition(s) that would limit your participation? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

Legal History

(This section is necessary to protect the safety of our youth participants. All information will be treated as confidential.)

Have you ever been arrested? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

Have you ever been convicted of felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

Have you had any past or present problems related to abuse of drugs or alcohol? yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

Background Check

I hereby certify that the information contained in this application is complete and correct to the best of my knowledge and belief. I understand that all information will be verified by the DC College Access Program (DC-CAP). I understand that any false statement made on this application will jeopardize my opportunity to serve as a volunteer with DC-CAP.

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, or other persons having knowledge about me to furnish the DC College Access Program, or its agents, with all information in their possessions regarding me. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to the DC College Access Program.

There may be a small, tax deductible fee associated with the background check, depending on which company handles the processing of information.

Multimedia Release

I understand that by signing this application I hereby consent to the use of my name, likeness and speech in any audiotape, videotape, film, photograph, or electronic transmission or display made during the course of the DC-CAP Alpha Leadership Project's social, cultural, extracurricular and marketing events and activities.

I certify that the above responses are true to the best of my knowledge.

Signature

Date

Additional application requirements:



References: (One co-worker, one from an organization that you are affiliated with or have worked with, and one from a professional or personal acquaintance.)

Personal:

Name: _____

Address & Phone Number _____

Organization:

Name: _____

Address & Phone Number _____

Professional: Name: _____

Address & Phone Number _____

FOR OFFICE USE ONLY (Initials of recording staff person must accompany each entry)

Application Rec'd.	Entered in Dbase	Training Date