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MENTOR APPLICATION

DATE: _____

Full Name: _____ Sex: M F

Home Address: _____ (City) _____ (State) _____ (Zip) _____

Home Phone: _____ Cell: _____ Birth Date: _____

Cultural/ethnic background: _____ Referred by: _____

Email: _____ Best time to contact you? _____

Occupation: _____ Company/Organization _____

Business Phone: _____ May we contact you at work? Y N

Business Hours: _____ How long employed with current company? _____

Business Address: _____ (City) _____ (State) _____ (Zip) _____

Any anticipated changes at work (if yes, please explain): _____

Emergency contact: _____ Phone: _____

Auto Insurance Co. _____ Policy Number _____

Driver's License # _____ State _____

Years of Education:

High School Degree Some College (please explain below) College Degree Graduate School

College Degree(s)/List Major(s) & School(s) _____

Grad School Degree(s)/List Major(s) & School(s) _____

Do you feel you can meet the minimum of spending at least 6-8 hours per month with a student? Y N

Have you ever been convicted of a crime? Y N If YES, please explain: _____

Do you smoke cigarettes or chew tobacco? Y N

Would you be able to work with your student throughout his/her high school career? Y N

Are you fluent in any foreign language or sign language? Y N Which ones? _____

Do you object to OJS checking with appropriate public authorities (e.g., police, courts, DMV, etc.) for matter of public record regarding your background/history? Y N

Program Preference:

A) **NO PREFERENCE:**

B) **College Access & Mentoring Program** (8th-12th graders, 3.0 GPA+, 1-5 yr. mentor commitment, flexible participation in monthly enrichment events):

C) **Positive Futures Mentoring (Pilot) Program** (6th-8th graders, 2.0-3.0 GPA, 1 yr. mentor commitment, meetings w/ student twice monthly at OJS office):

Please state why you want to become a mentor: _____

What do you think a mentor can/should do for a student? _____

Please circle the activities below that interest you:

Painting	Computers	Basketball	Politics	Tennis	Bicycling	Bowling
Reading	Camping	Hiking	Cooking	Track	Volleyball	Fishing
Music	Movies	Swimming	Baseball	Soccer	Wrestling	Skating
Football	Golf	Martial Arts	Dancing	Writing	Crafts	Hockey
Woodcarving	Sewing	Collecting	Gardening	Electronics	Video Games	Jogging
Chess	Billiards	Museums	Photography	Boxing	Checkers	Surfing
Scuba Diving	Board Games	Exercising	Outdoors	Acting	Repair Cars	Astronomy

Other: _____

Civic or Professional Groups You Are Affiliated With: _____

Do you currently do any volunteer work with another organization? Yes No

Which ones? _____

How did you hear about Operation Jump Start? _____

Additional Non Profit Organizations You Are Associated With: _____

Do you serve on any Board of Directors? Which ones? _____

Place of Religious Worship: _____

Areas of Expertise, Skill or Interest: _____

Would you be interested in sharing this skill with other students through a workshop or small group presentation? _____

Are you willing to discuss your specific college individually or with a group of students? Yes No

The initial commitment for mentors is of one-year; would you be willing to stay on longer? Yes No

Signature for authorization: _____

Prospective Mentor References
(Please do not include family members)

Name of prospective mentor: _____

** Please list two character references and one business reference:*

Reference Name: _____

Address: _____

Occupation: _____

Work Phone: _____ Home Phone: _____

Relationship: _____ Number of years: _____

Reference Name: _____

Address: _____

Occupation: _____

Work Phone: _____ Home Phone: _____

Relationship: _____ Number of years: _____

Reference Name: _____

Address: _____

Occupation: _____

Work Phone: _____ Home Phone: _____

Relationship: _____ Number of years: _____