



CAREER MENTOR APPLICATION MHS DIGITAL BUSINESS ACADEMY



About Yourself

NAME _____ MALE _____
 Last First FEMALE _____

HOME ADDRESS _____
 Street City Zip

E-MAIL ADDRESS(S) _____ @ _____ @ _____

Work Home
 TO WHICH ADDRESS WOULD YOU PREFER **HARD-COPY MAIL** SENT? WORK__ HOME__
 TO WHICH ADDRESS WOULD YOU PREFER **E-MAIL** SENT? WORK__ HOME__
 WORK PHONE () _____ - _____ FAX () _____ - _____
 HOME () _____ - _____ CELL Phone () _____ - _____
 BEST HOURS TO BE CONTACTED _____ BEST NUMBER? WORK__ HOME__

JOB TITLE _____ DEPARTMENT _____

COMPANY NAME _____

NAME OF SUPERVISOR _____ PHONE NUMBER () _____ - _____

COMPANY MAILING ADDRESS _____
 Street City Zip

DESCRIPTION OF DUTIES (Using layman's terms, please be specific so we can make a good match!)

EDUCATIONAL BACKGROUND (i.e. college *major*, trade school *focus*, other *training*)

AREAS OF PERSONAL INTEREST (hobbies, sports, volunteer activities, clubs/organizations, etc.) (Please be specific)

About Your Mentee

FOR MEETINGS WITH YOUR MENTEE, WHAT TIME PERIOD IS GENERALLY MOST CONVENIENT? (Check all that apply.)

During the workday _____ Evenings after work _____ Weekends _____

PREFERRED METHOD OF CONTACT WITH YOUR MENTEE *BETWEEN* MEETINGS? Check all that apply.

Email _____ Telephone _____ Other _____

STUDENT PREFERENCES, IF ANY* (Please note if you have any preferences relating to ethnicity, career focus, academic interests, non-academic interests, motivation, etc. If none, write N/A.) * For legal purposes, all students are matched with a mentor of the same gender.

EXPERIENCE WORKING WITH HIGH SCHOOL STUDENTS. (Please explain.)

ROLE LIMITATIONS. EXPLAIN ANY HANDICAPS OR CONDITIONS YOU HAVE THAT COULD PREVENT YOU FROM PERFORMING CERTAIN ACTIVITIES OR LIMIT YOUR ROLE AS A MENTOR.

(Please also complete the other side of this page.)

References

Provide 3 references that we can contact.

Name _____

Phone # _____

Name _____

Phone # _____

Name _____

Phone # _____

Official Use Only

Information on this form will be used for screening applicants for our Academy's Mentor Program. A safe and secure environment for students participating in our program is an important issue. Personal information is requested for the purpose of running a background check only and will **not** be released to the student or other unauthorized personnel.

Please advise the mentor coordinator of any changes in your information. Your cooperation is appreciated.

DRIVER'S LICENSE # _____

DATE OF BIRTH ____/____/____

HAVE YOU EVER BEEN CONVICTED OF CHILD ABUSE?

YES ____ NO ____

HAVE YOU EVER BEEN CONVICTED OF CHILD ABUSE INVOLVING ACTUAL OR ATTEMPTED SEXUALMOLESTATION?

YES ____ NO ____

HAVE YOU EVER BEEN CONVICTED OF A DRUG-RELATED OFFENSE?

YES ____ NO ____

IF "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN.

*Please use the bottom of the page if needed.

Authorization for Release of Confidential Information For the Milpitas High School Digital Business Academy

I understand that it may be necessary for the Milpitas Unified School District to investigate my background. I certify that the answers to the above questions are true and I hereby give my consent to the release of any information requested by the Digital Business Academy personnel. I understand that the agencies to be contacted may include employers, courts, police, social services, and any other person or agencies with which I have had contact.

Applicant's Printed Name

Date

Applicant's Signature

******For Office Use Only******

Review Completed By

Date

Please fax this completed application to 408.635.2843.