



The Alpha Leadership Project (ALP)

Volunteer Mentor Application

DC-College Access Program (DC-CAP) • 1029 Vermont Ave NW, Suite 400
Washington, DC 20005 • (202) 783-7933

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.

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				

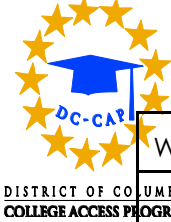
General Information

Hobbies, favorite recreational activities: Please check all that apply

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Computers/Video Games | <input type="checkbox"/> Museums | <input type="checkbox"/> Theater | <input type="checkbox"/> Sports (general) |
| <input type="checkbox"/> Cooking/Eating Out | <input type="checkbox"/> Music (general) | <input type="checkbox"/> Reading | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Drawing/Painting | <input type="checkbox"/> Dancing | <input type="checkbox"/> Writing | <input type="checkbox"/> Football |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Shopping | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Playing music | <input type="checkbox"/> Working out | |

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?

Can you meet with a student at least two times per academic semester? Yes No

Medical History

Do you have any medical condition(s) that would limit your participation? Yes No

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 No

If yes, please explain.

Have you ever been convicted of felony? Yes No

If yes, please explain.

Have you had any past or present problems related to abuse of drugs or alcohol? yes No

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.

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:

- 3. **Processing fee:** An \$18 processing fee (check or money order payable to "DC-CAP") should be submitted along with your application. This fee will help defray the cost of the criminal background check. Please note that this is a tax-deductible donation.

 **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