



Excellence In Education Partnership
 912 East Cota Street
 Santa Barbara, CA 93103

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 Office: (805) 576-7627
 Fax: (805) 275-4141

Mentor Application and Live Scan Authorization

Date of Application _____ Date available to start _____

Name _____ Nickname _____

Last
First
Middle

Current Address _____

Number/Street
City
Zip

Phone (____) ____ - ____ Mobile (____) ____ - ____ Skype (____) ____ - ____

Email: _____ Facebook? YES NO MySpace? YES NO

Permanent Address _____
(If different from above)
Number/Street
City
State
Zip

Home Phone (____) ____ - ____ Driver's License No _____ State _____

Date of Birth ____/____/____ Gender: Male Female Height _____ (ft./in) Weight _____ (lbs.)

Place of Birth _____ Eye Color _____ Hair Color _____

Social Security No _____ Ethnicity* _____ Race* _____

(Please see note)
(Please see note)

Do you own your own transportation? YES NO If, NO then to which cities are you willing to travel by public or private transportation: Santa Barbara Goleta Carpinteria
 (Some weekly travel may be required, if you cannot travel far we will try to match you with a student in your area)

Are you employed? YES NO Are you seeking employment? YES NO

Currently Employer _____ Address _____

Supervisor's Name _____ Phone (____) ____ - ____ EXT _____

Highest level of education attained? (Select one) 9 10 11 12 AA/AS BA/BS MA/MS PhD

Are you currently enrolled in school? YES NO If YES, name of school _____

School Address _____

Number/Street
City
Zip

Are you fluent in any language(s) other than English? YES NO

Language (s) _____

Name _____

Please list names and contact information for three professional and/or academic references:

Name _____ Years known _____ Contact Number (____) ____ - _____

Name _____ Years known _____ Contact Number (____) ____ - _____

Name _____ Years known _____ Contact Number (____) ____ - _____

Emergency Contact Information

Name _____ Years known _____ Contact Number (____) ____ - _____

Relationship _____

Please initial all statements below

1. The Excellence In Education Partnership Project [EIEP] reserves the right to use drawings, photographs and video of mentors, on occasion, in printed, televised or web-based materials. As a mentor, I agree to allow [EIEP] to publish my likeness and my first name in their materials without further permission.

Initial _____

2. I also understand and agree that I may not take any photos or video of Mentees without the expressed advanced and written permission of the [EIEP] Director.

Initial _____

3. As an [EIEP] mentor I will be required to undergo a background check which may include finger printing and I may also be required to submit to a TB screening all at no cost to myself. I also understand that information about my background will remain confidential and may or may not prohibit me from becoming a [EIEP] mentor.

Initial _____

4. I agree to submit mentoring timesheets monthly or bi-weekly to ensure the success of [EIEP], failure to do so may remove me from eligibility to continue as an [EIEP] mentor.

Initial _____

I have read, understand and initialed the above release and restriction information for [EIEP] Mentors. I authorize [EIEP] to contact my references and process a Live Scan background check.

Signature _____ Date _____

The mission of [EIEP] is to engage and involve parents, local educational institutions, community based organizations, businesses, professionals and faith based organizations in the academic preparation of Black African-American, American Indian and other underrepresented students in grades 5 through 12 for enrollment, academic success and graduation from a four-year college or university. Every student that is accepted into Project Excel is actively counseled, mentored and mentored so that he or she reaches this goal. We will actively recruit students from local area schools and prepare them for college enrollment, retention, matriculation and graduation.

DO NOT WRITE BELOW THIS LINE

Office use only

Application received _____ Reviewed by _____

References checked? YES NO Live Scan Completed YES NO

Approved for program YES NO Comments _____
