



The Association of Haitian Professionals

Expanding our reach and widening our influence

MENTOR APPLICATION

Date: _____

Name: _____

Home address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone: _____ **Work phone:** _____

Employer: _____

Length of employment: _____

Have you ever been convicted of a crime? _____

Mentoring Information

Why do you want to be a Mentor?

How often can you meet with a child? _____ **On which days of the week?**

Do you have any previous experience volunteering or working with youth?

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At what times can you meet with your mentee? During lunch: _____ After school:

After 5:00: _____ Weekends: _____ During regular business hours: _____

Do you have any hobbies or special skills?

Would you prefer to be matched with a child from a specific:

Grade level: _____ Gender: _____

Do you speak any other languages?

Are you an AHP Member? _____

Please read this carefully before signing:

Our program appreciates your interest in becoming a Mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application.

I have read and understood the program's rules, regulations, and responsibilities for becoming a Mentor. If selected, I will follow the rules of the Association of Haitian Professionals Mentoring Program and be a dedicated Mentor. I agree to the time commitment of _____ hours/month and _____ months.

I understand that a criminal and sex offender background investigation will be conducted as a result of my completing this application and prior to being selected as a mentor. I understand that the contents of the background investigation will be kept in confidence and will only be used for purposes of the AHP Mentor Program. I authorize the Association of Haitian Professionals to examine my record and perform a criminal and sex offender search based on the information I have provided. In addition, I release the Association of Haitian Professionals from any and all claims, demands or liabilities arising out of or in any way related to this application or the background examination.

Signature

Date

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