



Sept. 8, 2006

Dear Prospective Mentor:

Enclosed is the application to become a mentor with the "I Have a Dream" Foundation - San Francisco. We require the following information from all prospective mentors in order to assure the safety of our Dreamers. Although it seems like a lot of work in a busy person's life, it will be worth it 100 times over!

- Fill out the application and mail it back to us, at the address and/or fax number on the form, with
 - A copy of your driver's license showing expiration date
 - A copy of your automobile insurance showing expiration date
- 2. You will need to call the SFUSD Human Resources Department to arrange for a live scan of your fingerprints. To do this, please contact the San Francisco Unified School District at (415) 241-6025 ext. 3257. To make an appointment, let the person you speak with know that you will be volunteering at the "I Have a Dream" Foundation. Once you have had your appointment, please call me at (415) 673-1275 and let me know the date of your appointment. I will then contact the District and find out the results of your fingerprinting for your file.
- 3. As soon as we receive your application, we will send letters to your references and call you to set up an initial interview and home visit with the Project Director.
- 4. Once your application and interview are approved, the Project Director will invite you to a mentor training and orientation with other prospective mentors.
- 5. Once your application and interview are approved, your fingerprinting is complete, your references received, and you have attended the half day orientation, the Project Director will try to make an appropriate match with an eligible Dreamer.

The Project Director will take it from there. Please feel free to call me any time if you have questions or concerns. We assure you that all the information in your application and supporting documents will be kept confidential and be used only by IHAD personnel for the purposes of evaluating an applicant's suitability as a mentor. Thanks so much for choosing to make a difference in the life of a child.

Sincerely

Abby Rovner
Project Director

MENTOR APPLICATION

Referred by: _____

Please type or print:

First Name	Middle Initial	Last Name
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What skills or qualities do you have that you think make you a great mentor?

Why are you interested in being a mentor?

HOME INFORMATION

Home address	Apartment Number
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City	Zip Code
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Home telephone	Home fax#	Best time to contact you at home?
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Home email address	How long have you lived at this address?
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How long have you lived at your previous address?

BUSINESS INFORMATION

Company/Organization	Occupation	Title
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Address	Suite	City	Zip
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Business Hours	How long employed with current company?
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Current office fax number	How long were you employed at your previous workplace?
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Can you be contacted at work?	What is the best time to call?
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() Telephone	Extension	Office e-mail
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PERSONAL INFORMATION

Male/Female _____
(Circle one) Birthdate Age Social Security Number Birthdate

Married/Single Spouse's Name _____
(Circle one)

Do you have any children? Yes No If yes, list names and ages _____

Origin: Asian/African-American/Caucasian/Latino/Native American/Pacific Islander/Other
(Circle One)

Auto Insurance Co. Policy Number Driver's License # State

How far are you willing to drive to visit your dreamer at his/her house?

Are you fluent in any language other than English? If so, which one?

EDUCATION

(Check all that apply) _____ H.S. Diploma _____ Some College

_____ A.A. or Community College name
_____ 4-Year College Degree (name of college and date of Graduation) _____
_____ Some Grad School/Graduate Degree (Name of Grad. School) _____
_____ Graduate Degree Earned _____

Did you have a mentor as a youth? If yes, please describe the qualities in him/her that most helped to guide you and help you grow: _____

LIFESTYLE

Do you feel you can meet the minimum standard of spending at least 8 hours per month with a student, making weekly phone calls, and committing to at least one year as a mentor? For the first three months, mentors must be available to see their dreamer every two weeks.

Yes No (Please Circle One)

Do you smoke cigarettes? (Please Circle One) Yes No

What would be the ideal characteristics of a young person you'd most like to mentor? (e.g. calm, quiet, full of energy, happy, shy, etc.)

What qualities in a young person would you rather not work with?

Have you ever been convicted of a crime? (Please Circle One) Yes No

What types of activities do you enjoy doing in your spare time?

Please list any changes you are anticipating in the next year or so in the following areas and give an estimated date for each of them. (Write "none" when no changes are expected)

Anticipated changes at work:

Anticipated changes in personal life (marriage, etc.)

Anticipated changes in residence:

I agree that the "I Have a Dream" Foundation of San Francisco may conduct a routine background check with the appropriate authorities, including the Dept. of Justice and the DMV. I understand that I will be interviewed and fingerprinted. I am forwarding a copy of my auto insurance policy and a copy of my driver's license with this application

Signature

Date

PLEASE RETURN WITH A COPY OF YOUR DRIVER'S LICENSE AND YOUR AUTO INSURANCE POLICY TO:

Abby Rovner, Project Coordinator
"I Have a Dream" San Francisco
at Gateway High School
1430 Scott Street
San Francisco, CA 94117
415-673-1275
abby_rovner@yahoo.com

FOR OFFICE USE ONLY

DMV CHECK _____ FINGERPRINTS _____ REF. SENT _____ NEED _____

PLEASE COMPLETE THE REFERENCE LIST BELOW

We will be conducting background checks on each mentor applicant as required by our insurance company. Please provide us with one business reference (preferably a current supervisor) and two personal references who can vouch for your reputation, character, and morals. We prefer local references who have known you for at least two years. Do not use relatives. Please provide us with all of the information requested on this form.

Please print clearly or type:

REFERENCE #1
EMPLOYER/SUPERVISOR/BUSINESS ASSOCIATE REFERENCE

_____ Name (Mr./Mrs./Ms./Dr.)		_____ Title
_____ Company/Organization		
_____ Address		_____ Suite # or Apt. #
_____ City	_____ State	_____ ZIP
() _____ Business Telephone	() _____ Home Telephone	

REFERENCES #2 AND #3
PERSONAL REFERENCES

_____ Name (Mr./Mrs./Ms./Dr.)		_____ Title
_____ Company/Organization		
_____ Address		_____ Suite # or Apt. #
_____ City	_____ State	_____ ZIP
() _____ Business Telephone	() _____ Home Telephone	

_____ Name (Mr./Mrs./Ms./Dr.)		_____ Title
_____ Company/Organization		
_____ Address		_____ Suite # or Apt. #
_____ City	_____ State	_____ ZIP
() _____ Business Telephone	() _____ Home Telephone	

CONSENT

First Name

Middle
Initial

Last Name

Home Address

Volunteer training sessions are required by this program, as well as a commitment to work with a child for a minimum of two to three hours per week, for one full year. Can you fulfill these requirements? _____

Because "I Have a Dream's" mentors work with children, we are required to screen our volunteers. Have you ever been charged/indicted for any crime? If yes, please supply details (date, charge, disposition).

Do you consent to our checking with the appropriate authorities for matters of public record regarding your background or history?

YES

NO

If you have changed your name, please provide us with your previous name:

Please provide us with your previous address:

AFFIRMATION

I have read the mentor application and agree to abide by the commitments made in it. The information I have provided in this application is true to the best of my knowledge. I grant permission to "I Have a Dream" - San Francisco to verify the data and to contact the references provided.

Signature: _____

Date: _____

FINGERPRINTING INFORMATION

To arrange for a free live scan of your fingerprints, please contact the San Francisco Unified School District at (415) 241-6025 ext. 3257 to make an appointment. Tell them that you are applying to volunteer with the “I Have a Dream” Foundation.