



H E A R



The HEAR Mentoring Program provides guidance and the benefits of experience to help HEAR Scholars persist and succeed in the college environment through a structured and comprehensive support system.

MENTORING PREREQUISITES

In order to qualify as a HEAR Mentor, you must

- live in the Chicagoland area or live near your mentee's college campus;
- be a college graduate;
- have at least two years' working experience in a professional field;
- commit to a two-year relationship with a HEAR Scholar with a minimum of bi-monthly communication and at least two in-person meetings a year;
- commit to attending HEAR mentor/mentee events.

MENTORING APPLICATION PROCESS

- Submit an application;
- Complete criminal background check;
- Provide two references and a 30 minute phone interview;
- Attend in-person mentoring training.

I have read the HEAR Mentoring Program prerequisites and meet the applicant requirements.

APPLICANT SIGNATURE

DATE



APPLICANT PERSONAL INFORMATION

Name: (please print) _____
First Middle Last

Home Address:

E-mail Address: _____

Phone Number: _____

Alternative Phone Number: _____ (Work/Home)

What is the best way to reach you? Email Phone or text

Birthday: _____ / _____ / _____

Demographic Information

The following section is completely voluntary; you do not need to provide this information if you do not want to. One of the goals of this application is to ensure that our mentees can bring all of their social identities into the mentoring relationship.

Ethnicity: African American/Black Hispanic/Latino
 Native American White
 Asian/Pacific Islander Other

Gender: Male Female

Languages in which you are fluent: _____

Any other demographic information of interest (gender Identity/orientation, been through the foster system, religious affiliation):



Employment Information:

Place of employment: _____

Title or position: _____

Work address: _____

Work phone: _____

Name of supervisor: _____

Years at current employer: _____

Does your current employer promote volunteer opportunities? If so, please explain:

Please indicate if you would be willing to approach your employer about the following:

Mentoring opportunities

Corporate sponsorship

Education Information:

Undergraduate Institution: _____

Major(s): _____ Minor: _____ Grad Year: _____

Graduate Institution: _____

Area of Study: _____ Degree: _____ Grad Year: _____

Were you the first person in your family to attend college? ___ Yes No

Mentoring Program:

How did you hear about the HEAR Mentor Program?

___ Board Member

___ Email/Newsletter

Family/Friend/Colleague

Web Search

Social Media

___ Our Website

Name of referrer: _____



ADDITIONAL QUESTIONS

Your responses to the following questions will help us determine whether you are a good fit for the HEAR Mentoring Program and will help match you with a mentee.

Do you have any volunteering experience? Please explain.

What qualities or skills do you have that you feel would benefit a HEAR Scholar?

Why do you want to become a HEAR Mentor?

What do you think will be the biggest challenge in becoming a mentor?

What are your hobbies/Interests? (sports, music, languages, civic engagement... (Please be specific.)

Do you have any special requests that HEAR should be aware of when placing you with a Scholar? (Specific school, area of major, career path, ethnicity, language spoken, etc.)



REFERENCES

Please list the names of two references with whom HEAR may contact for more information. One of the following references *must be from your current place of employment*.

Name: _____

Telephone: _____

E-mail: _____

Address: _____

Relationship: _____

Name: _____

Telephone: _____

E-mail: _____

Address: _____

Relationship: _____

Do you give HEAR permission to run a background check? If so, please fill out and sign the attached waiver.

Yes



H E A R
scholarship foundation



CONFIRMATION

I have answered the following questions accurately and honestly. I have read the Mentor Expectations and understand that by becoming a HEAR Mentor I am making an important commitment. I am willing to take this responsibility and understand my obligation to my scholar.

Signature: _____

Date: _____

Please email or mail your completed application to:

Email: mentoring@hearfoundation.org

HEAR Scholarship Foundation
Attn. Melissa Vela
P.O. Box 260
Glenview, IL 60025