



MENTOR PROGRAM APPLICATION

Contact Information

First name: _____ Middle initial: _____ Last name: _____

Company: _____ Title: _____

Business address: _____ City: _____ State: _____ Zip: _____

Business phone: _____ Business fax: _____ E-mail: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Referred by: _____

Preferences / Availability

Would you prefer to mentor a: Girl Boy No preference

You will be spending 30-45 minutes each week with your student at the school site. Please select dates and times you would be available:

| | | | |
|-----------|----------------------------------|-------------------------------------|------------------------------------|
| Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Lunch hour | <input type="checkbox"/> Afternoon |
| Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Lunch hour | <input type="checkbox"/> Afternoon |
| Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Lunch hour | <input type="checkbox"/> Afternoon |
| Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Lunch hour | <input type="checkbox"/> Afternoon |
| Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Lunch hour | <input type="checkbox"/> Afternoon |

Please select from the following school(s) to you would be able to mentor at. These schools have been identified as those with the highest need for inschool mentors within Kenosha Unified School District:

Elementary Schools

- Brass Community School, 6400 15th Avenue
- Curtis Strange, 5414 49th Avenue
- Edward Bain School of Language & Art (EBSOLA), 2600 50th Street
- Frank, 1816 57th Street
- Grant, 1716 35th Street
- Jefferson, 1832 43rd Street
- McKinley, 5520 32nd Avenue

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Please read the following statements and sign your name

In applying to become a KABA student mentor, I understand and agree to the following:

- My application will be reviewed and screened. I authorize Kenosha Area Business Alliance or its agent to perform a personal background check. I understand that the information I provide below will be used for the personal background check. All information will be kept strictly confidential by the third-party representative. KABA will not see any reference or background check information. The reference check takes approximately three weeks.
- I will participate in a personal interview with a qualified third-party representative as part of the screening process.
- Once accepted as a mentor for a student, I agree that all contact with the student will be inside the student's school and only after the student has been released from class by either his/her teacher or other school official.
- Once placed I will make every effort to meet weekly with the student and to keep the school informed should my schedule change or I am unable to attend.

Signature: _____ Date: _____

Maiden name: _____

Previous married name(s): _____ Date of birth: _____

References

Please provide the names and phone numbers of three personal references that you have known for at least one year. A minimum of three references will be contacted by phone using a third-party representative. Please notify references that they will be contacted. **NOTE: Do not list relatives.**

1. Name: _____ Phone number: _____

2. Name: _____ Phone number: _____

3. Name: _____ Phone number: _____

Background Check

All mentors are required to complete an electronic background check. Please complete the application here: **kUSD.quickapp.pro/apply/applicant**.

If you have any questions regarding the Mentor Program, please email mentorprogram@kaba.org or call 262.605.1100.

When the form is complete, please mail, fax or e-mail to:

Kenosha Area Business Alliance
5500 6th Avenue, Suite 200, Kenosha, WI 53140
Fax: 262.605.1111 | Email: mentorprogram@kaba.org

Applications are also available online at:

www.kaba.org

Office Use Only

Start: _____

School: _____

Student: _____

Grade: _____

Teacher: _____