

St. Olaf College TRIO Upward Bound  
Mentor Program  
**MENTOR VOLUNTEER APPLICATION**

**Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_  
\_\_\_\_\_ Work

Address: \_\_\_\_\_

**Education**

College: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_

Post Baccalaureate Courses and/or Degrees: \_\_\_\_\_  
\_\_\_\_\_

**Work Experience**

Date	Title	Employer
_____	_____	_____

Description of Work Experience: \_\_\_\_\_  
\_\_\_\_\_

Date	Title	Employer
_____	_____	_____

Description of Work Experience: \_\_\_\_\_  
\_\_\_\_\_

**Volunteer Experience**

Date	Title	Company/Organization
_____	_____	_____

Description of Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

Date

Title

Company/Organization

\_\_\_\_\_  
Description of Volunteer Experience:  
\_\_\_\_\_

### Other Useful Information

Please list interests/hobbies (include travel, sports (that you play or watch), music, outdoor, pets etc)

\_\_\_\_\_  
Languages you speak other than English: \_\_\_\_\_

Please explain why you would like to volunteer as a Mentor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about volunteering with young people? \_\_\_\_\_  
\_\_\_\_\_

**The St. Olaf Upward Bound Program does not discriminate based on any legally protected status under federal, state or local law.**

*I understand* that submitting this information does not guarantee my acceptance into the St. Olaf Mentoring program, and that assignment of volunteer work is based on the assessment made by the Upward Bound staff.

*I understand* that if I have misrepresented the information and/or fail to adhere to program guidelines, I may have my application approval withdrawn. I understand the Upward Bound Program may request a background check pursuant to the Minnesota Child Protection Background Check Act. Information will be provided regarding my rights and I will sign an appropriate release authorization if requested to do so. I have read, understand and agree to the appropriate Mentoring Program Policies and Guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date