Dear prospective SISTA Mentor,

We are delighted that you’ve chosen to be a role model for young women through our SISTA Mentor Program. Please complete the following in-depth application to let us get to know you better and match you with an appropriate student.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | Click or tap here to enter text. | **Date** | Click or tap here to enter text. | | |
| **Address** | Click or tap here to enter text. | **City** | Houston | **Zip** | 770XX |
| **Email** | Click or tap here to enter text. | **Phone** | Click or tap here to enter text. | | |
|  |  |  |  | | |
| **Emergency Contact Information** | | | | | |
| **Name** | Click or tap here to enter text. | **Phone** | Click or tap here to enter text. | | |
|  |  |  |  | | |
| **Professional Background Info** | | | | | |
| **Profession** | Click or tap here to enter text. | **Title** | Click or tap here to enter text. | | |

**Bilingual?**  Yes  No

**Indicate languages (written and spoken):** Click or tap here to enter text.

**How would you describe your personality? Check off all that apply.**

Encouraging  Friendly and outgoing  Talkative  Funny  Laid Back

Serious  Motivational  Life of the Party  Reserved  Quiet

Other hobbies: Click or tap here to enter text.

**What do you do in your free time? Check off all that apply.**

Watch Movies  Listen to Music  Play Video Games  Enjoys the Outdoors

Play Sports  Garden  Read

Other activities: Click or tap here to enter text.

**What do you hope to accomplish as a SISTA mentor?**

Click or tap here to enter text.

**What experiences have you had as a mentor/positive role-model to youth?**

Click or tap here to enter text.

**Which grade level would you prefer to work with?**  Grades 6-8  Grades 9-12

**Please prioritize the following criteria you would prefer in a student.**

Same gender  Same ethnicity  Similar personal interest’s  Similar background

No preference  Other Click or tap here to enter text.

As a mentor of SISTA mentoring program, I agree to the policies and expectations of the mentor program as stated in the Sisters Influencing Sisters To Achieve Bylaws.

**Please check the box confirming you are agreeing to a background check.**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

*\*Note\* Please submit your completed application to Jennifer Washington or Quinetta Washington via email at* [Sisinfluence@gmail.com](about:blank).

Two (2) references are required. Please complete information below for a reference check. No relatives, please.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click or tap here to enter text. | **Relationship** | Click or tap here to enter text. |
| **Phone 1** | Click or tap here to enter text. | **Phone 2** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. | | |
|  |  |  |  |
| **Name** | Click or tap here to enter text. | **Relationship** | Click or tap here to enter text. |
| **Phone 1** | Click or tap here to enter text. | **Phone 2** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. | | |