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.

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. |