



The Learning Web

15 West Seneca Street, Ithaca, NY 14850 T: 607.275.0122 F: 607.275.0312 www.learning-web.com

### Mentor Application

Thank you for considering becoming a Learning Web mentor. As a first step we ask that you complete the following application. In order for us to be accountable and responsible to both our founders and our participants it is important for us to gather this information about our mentors. Please feel free to contact Learning Web staff with any questions you may have about this application or the program in general.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Initial Last

Home Address: \_\_\_\_\_  
Street City Zip

Home Phone #: (Day) \_\_\_\_\_ Best time to call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Learning Web staff contact: \_\_\_\_\_

Business Name: \_\_\_\_\_ Number of Staff \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City Zip

Business Phone #: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Description of Business: \_\_\_\_\_  
\_\_\_\_\_

Description of Apprenticeship Possibility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any experience(s) you have had working with young people: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is appealing to you about having a young apprentice work with you? \_\_\_\_\_  
\_\_\_\_\_

What can you or your business offer a young apprentice? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have experience teaching your skill/craft or trade? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:** Please list three persons not related to you who have definite knowledge of your qualifications, preferably someone who has seen you interact with youth. Please give complete addresses.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**If you plan to drive your apprentice please list your driver's license ID number. Our insurance company requires us to obtain driver's records for all staff/volunteers who transport youth.**

Driver's ID # \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

I affirm that the statements made on this application are true. If appointed as a volunteer, I agree to fulfill the volunteer responsibilities to the best of my ability.

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

Thank you for taking the time to complete this application and considering becoming a mentor with our program. If you have any questions, please feel free to call us at 275-0122. Please return the application at your earliest convenience.

Return to: The Learning Web  
515 W. Seneca St.  
Ithaca, NY 14850

It is understood that no discrimination is implied with this form. The Learning Web offers equal program and employment opportunities.