

2010 DREAM LEADERS MENTOR APPLICATION



*Please **attach your resume** and return your application to the Dream Leaders Mentor Coordinator via fax at 312-729-5401 or mailed to:

Dreams for Kids
Dream Leaders Mentor Coordinator
155 N. Michigan Ave. Suite 700
Chicago, IL 60601

General Information:

Last Name : _____ First Name: _____ M.I. _____

Female__ Male__ Birthday: _____ Company/ School: _____

Home Address: _____ Apt: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Home Phone: _____ Cell Phone: _____ T-Shirt Size: _____

Race: _____ (**Note: This information is only to ensure a diverse environment)

How did you hear about the Dream Leaders Mentoring Program: _____

References: We are truly committed to keeping all of our Dream Leaders in the safest, most risk-managed environment. As a result, we will be conducting **background checks** and reference checks on all of our potential mentors. Please list two professional references below. Note: Background checks will be submitted after review of reference checks and initial interviews.

REFERENCE 1

Name: _____ Professional Title: _____

Reference Email: _____ Reference Primary Phone: _____

Please described the nature in which you know this reference (include length of time you've worked together: _____

REFERENCE 2

Name: _____ Professional Title: _____

Reference Email: _____ Reference Primary Phone: _____

Please described the nature in which you know this reference (include length of time you've worked together: _____

Background Questions:

*Please be as specific as possible. This will help us make the best match with your mentee.

1. Why do you want to be a Dream Leaders Mentor?

2. What qualities would make you an effective Mentor? How will you contribute to the growth and development of your mentee?

3. Please list all experience you've had with youth.

4. Please list all your hobbies and interests. The more you tell us, the better we'll be able to match you to the best suited mentee for you!

Commitment Statement:

I understand that by signing up for the Dream Leaders Mentoring Program, I am making a commitment to meet with my mentee a minimum of **6-8 hours per month, including 4 Dreams for Kids community service events, for twelve months.** I also understand that there is a \$50 registration fee to become a mentor that will cover the costs of background checks, training material, and other introductory costs. I will bring this fee with me at my one and one interview. I will also maintain regular communication with my mentee and the Dream Leaders staff and attend the following events:

- 1. Entrance Interview**-10-15 minutes at the Dreams for Kids office that **will** be scheduled individually around your convenience.
- 2. Mentor Training**- A 2 hour training at the Dreams for Kids Office 155 N. Michigan Ave. Suite 700. You must attend **one** of the two: Tuesday, June 15th 6-8:00pm OR Thursday, June 17th 6-8:00pm.
- 3. Introductory Mixer**- Wednesday, June 23rd 6-7:30pm at 225 W. Hubbard.

NAME

SIGNATURE

DATE

Dreams for Kids Waiver:

Accident, Illness or loss

- ❖ I certify that in case of accident or illness, Dreams for Kids has my authority to secure medical attention if unable to communicate with me child directly.
- ❖ I agree to waive any claims for negligence or intentional acts against Dreams for Kids, its volunteers, or any organization working or sponsoring them, for injuries that may result from the conduct of other persons, including participants in the Dreams for Kids program.
- ❖ I understand that Dreams for Kids is not responsible for lost, stolen, or damaged articles.
- ❖ I am aware that it is my responsibility to administer any routine medications and to alert facilitators and/or the program director of any medical complications or allergic reactions.

Transportation/photos

- ❖ I give permission for me/my child to participate in Dreams for Kids planned activities, participate in authorized trips and to ride authorized vehicles for this purpose of transportation to off-site activities or for medical care.
- ❖ I hereby authorize and give my full consent to Dreams for Kids to copyright and/or publish any and all photographs, videotapes, and/or film in which I or my child appears while attending any Dreams for Kids event. I further agree that Dreams for Kids may transfer, use, or cause to be used, these photographs, videotapes, or films at their discretion

I have read the above waiver and release, understand that I have given up substantial rights by signing it, have not changed it orally, and sign it voluntarily. I hereby acknowledge that I am not currently under the jurisdiction of any court order or legal guardianship which would prevent me from having the legal capacity to sign this document and that these permissions will stay valid until I provide written documentation otherwise.

NAME

SIGNATURE

DATE