

*Required Information



4 Science Park • New Haven • Connecticut • 06511 www.conncat.org

Career Mentor Volunteer Program Application

First Name(Please Print Neatly)*	M.I.	Last Name*	Suffix
Date of Birth (i.e. 4/7/88)*	Social Security #*	Home/Cell Phone <i>Include Area Code</i> *	
Street Address*	City*		Zip Code*
Email Address			
Which neighborhood do you live in?* <input type="checkbox"/> The Hill <input type="checkbox"/> Fair Haven <input type="checkbox"/> Newhallville <input type="checkbox"/> Dixwell <input type="checkbox"/> Dwight <input type="checkbox"/> Other			
Marital Status?* <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Common Law			
Ethnicity/Race* Please provide the following ethnicity and race data. This information is requested on a voluntary basis by the U.S. Department of Education, National Center for Education Statistics. Your answer will not affect admission to or registration to ConnCAT. Do you consider yourself to be Hispanic/Latino?* <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other	

Are you a United States citizen? *Yes No

If you answered "No", you must provide an unexpired Visa or Green Card

Are you eligible to work in the United States? * Yes No

Are you a resident of the State of Connecticut? * Yes

Have you ever pled "guilty" or "no contest" to, or been convicted of any crime?* Yes No

Answering "yes" to the following question does not constitute an automatic bar to training. Factors such as date of the offense, seriousness and nature of violation, rehabilitation and program applied for will be taken into account.

Are you on Parole Yes No If yes, Please Explain _____

Are you on Probation Yes No

If yes, please provide date(s) and details: _____

In Case of Emergency (Different Contact Name and Phone *Include Area Code*)*

Education

Have you previously attended or applied to ConnCAT?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
When?			
If yes, what program?		Did you graduate?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date graduated			
High School		<i>Street Address</i>	
School Address		<i>City</i>	<i>State</i> <i>Zip</i>
From	To	Course or Field of Study	
Did you graduate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a General Equivalency Diploma (GED)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Equivalency Diploma (GED) score		Graduation Year	
Business/Technical School		<i>Street Address</i>	
School Address		<i>City</i>	<i>State</i> <i>Zip</i>
From	To	Course or Field of Study	
Did you graduate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificate or Degree			
College/University		<i>Street Address</i>	
School Address		<i>City</i>	<i>State</i> <i>Zip</i>
From	To	Course or Field of Study	
Did you graduate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificate or Degree			

Why do you want to be a mentor?

What are your professional affiliations?

What are your strengths and skills?

Do you have at least four hours a month to devote toward career mentoring? Yes No

References

* Please list two references

One (1) personal and (1) professional

	(Name)	Relationship	(Phone number)
1.			
2.			

Background Check

I understand that by signing this application I hereby authorize ConnCat to conduct a criminal background and sex offender registry for the safety and well-being of all program participants. I further authorize without reservation, any personnel or other entity contacted by ConnCat and/or its agents, to furnish photos

My signature below indicates that I have read understood, made correct and completed statements on this application and any supplements to it. I understand that any omission or false statement made by me will result in disqualification for being a career mentor. By signing below, I understand the following will be part of the application process: references, sex-offender registry and criminal history check.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____