

## MENTOR APPLICATION FORM

2021-2022

Please fill out this form and return to The Hartman Initiative to receive consideration for a volunteer mentor position. You may mail this form to our mailing address, attach it to an email to our volunteer coordinator at applications@hartmaninitiative.org, or drop it by our office.

The Hartman Initiative is a 501(c)(3) organization that strives to support local nursing students from The Community College of Beaver County (CCBC) on their educational journey through mentorship, professional development, exam preparation, networking, and financial support. We invite volunteers over the age of 21 and of any race or creed to engage with our mentees at our site, online, and within the community.

After we receive your application, we will contact you and arrange for an interview in person or by phone with our volunteer coordinator. All information on this form will be kept confidential and will help us find the perfect mentee for you.

### PERSONAL INFORMATION

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Program Requirements: Must be enrolled in the Community College of Beaver County's ADN program, be available to connect weekly with your Mentees, and attend at minimum three of the four professional development events and are strongly encouraged to attend all four NCLEX Preparatory Sessions. Failure to meet program requirements without written approval from the Hartman Initiative staff may result in a dismissal from your position as a volunteer with the Hartman Initiative.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### EMERGENCY CONTACT

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

Relationship: \_\_\_\_\_

**CONTINUE >**

## EMERGENCY CONTACT

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Please provide the names and contact information for two, non-familial, character references.

**1.**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**2.**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## MENTOR MATCHING SURVEY

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Why are you interested in serving as a mentor for The Hartman Initiative?

Have you ever participated in a mentorship relationship as a mentee or a mentor? If so, describe your experience. If not, what do you believe that mentor/mentee relationship would look like?

Why are you interested in serving as a mentor for The Hartman Initiative?

## MENTOR MATCHING SURVEY

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What are your interests or hobbies? Feel free to specify alongside any of the options you choose.

- |                                                                 |                                       |
|-----------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Volunteer Work / Community Involvement | <input type="checkbox"/> Pets         |
| <input type="checkbox"/> Club MembershipsName                   | <input type="checkbox"/> Music        |
| <input type="checkbox"/> Blogs                                  | <input type="checkbox"/> Cooking      |
| <input type="checkbox"/> Sports                                 | <input type="checkbox"/> Collections  |
| <input type="checkbox"/> Art                                    | <input type="checkbox"/> Reading      |
| <input type="checkbox"/> Games                                  | <input type="checkbox"/> Theater      |
| <input type="checkbox"/> Travel                                 | <input type="checkbox"/> Other: _____ |

What days are you usually available? (Optional: during what times?)

- |                                           |                                          |
|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Monday: _____    | <input type="checkbox"/> Thursday: _____ |
| <input type="checkbox"/> Tuesday: _____   | <input type="checkbox"/> Friday: _____   |
| <input type="checkbox"/> Wednesday: _____ | <input type="checkbox"/> Saturday: _____ |

Approximately how many hours are you available per week? \_\_\_\_\_

Do you prefer:

- Morning  
 Afternoon  
 I'm flexible

Please describe any physical limitations:

## LIABILITY RELEASE

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As a volunteer of The Hartman Initiative, I agree to abide by all policies and procedures as spelled out in the volunteer handbook. I understand that I volunteer at my own risk and neither the organization nor its employees assume any liability for any accidental injury or health problem arising from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward. Additionally, I agree to receive updates from The Hartman Initiative.

Name: \_\_\_\_\_ Date: \_\_\_\_\_