



OSMOSIS

Dreams·Self-Expression·Community

MENTOR APPLICATION

Date _____

Name _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail address _____

Employer _____ Title _____

Supervisor's Name _____ Length of Employment _____

Have you ever been convicted of a crime? If yes, please explain

Do you object to Project Osmosis conducting a background check? _____

MENTOR INFORMATION

Which design discipline(s) can you provide mentorship in? (please circle all that apply)

graphic design multimedia design architecture motion design

interior design fashion design industrial design urban design

Why do you want to be a mentor? _____

Can you commit the necessary time for phone, email and face to face meetings? _____

Do you have previous experience volunteering or working with youth? _____

What professional affiliations are you a member of? _____

REFERENCES

Please list the names, addresses and phone numbers of three people you would like to use as character references (please list only people you have known for at least a year):

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please read this carefully before signing:

Our program appreciates your interest in becoming a mentor for Project Osmosis. By signing below you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and conduct a federal and state criminal records check.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment of 4 hours/ month and 9 months.

Signature _____ Date _____