

# Eda and Cliff Viner Community Scholars Foundation Mentor Application

## Mentor Application

**The information requested in this Mentorship Application is confidential and sought solely in connection with evaluating your application to serve as a mentor. The information herein will be utilized for no other purpose except pursuant to your express written authorization, or as required by law.**

**Personal Information**

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

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

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

Check preferred phone contact:  Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_  Mobile phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Emergency contact: \_\_\_\_\_  
Name Phone number(s)

Please list your prior cities, states, and dates of residency during the past 10 years.

City	_____	State	From (m/year)	To (m/year)
City	_____	State	From (m/year)	To (m/year)
City	_____	State	From (m/year)	To (m/year)
City	_____	State	From (m/year)	To (m/year)

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## Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

1. Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)  
Position Held: \_\_\_\_\_

2. Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)  
Position Held: \_\_\_\_\_

## College History

College Attended: \_\_\_\_\_  
City: \_\_\_\_\_  
Degree/Major: \_\_\_\_\_

## Eda and Cliff Viner Community Scholars Foundation Mentor Application

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with teens or college students? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a mentee? Please explain.
4. Can you commit to participate in the mentoring program for a minimum of one year from the time you are matched?
5. Are you available to have email, text or telephone contact with your mentee at least once per week at the start of your mentoring relationship? Please explain any particular scheduling issues.
6. Do you have any health conditions or limitations that would impair your ability to perform the duties of a mentor? If so, please explain.
7. What 3 words would you use to describe yourself as a person?
8. How would your friends, family, and co-workers describe you?
9. **Have you ever been convicted of a crime (other than a routine traffic infraction) If so, what was the crime and circumstances?**
10. Have you ever received treatment for alcohol or substance abuse? If yes, identify the time period and please explain the general details of your treatment.
11. Have you ever been treated or hospitalized for a mental disorder? If yes, identify the time period and please explain the general details of your treatment or hospitalization.
12. Are you willing to communicate regularly and openly with Eda and Cliff Viner Community Scholars Foundation staff and receive feedback regarding any difficulties during your participation in the mentoring program?
13. Are you willing to attend an initial mentor training session and additional training sessions if scheduled after being matched?

# Eda and Cliff Viner Community Scholars Foundation Mentor Application

## Interest Survey

This survey will help us know more about you and your interests and assist us in finding a good match for you. Please briefly complete the following:

1. Do you speak any languages other than English? If so, which languages?
2. What are some of your favorite things you like to do with other people?
3. What were your favorite subjects in school?
4. What are your favorite subjects to read about?
5. What is one goal you have set for the future?
6. If you could learn something new, what would it be?
7. What person do you most admire and why?
8. Please check all activities you are interest in:

<input type="checkbox"/> Biking	<input type="checkbox"/> Camping	<input type="checkbox"/> Science	<input type="checkbox"/> Cooking	<input type="checkbox"/> Library
<input type="checkbox"/> Hiking	<input type="checkbox"/> Boating	<input type="checkbox"/> Music	<input type="checkbox"/> Sports	<input type="checkbox"/> Yoga
<input type="checkbox"/> Golf	<input type="checkbox"/> Swimming	<input type="checkbox"/> Gardening	<input type="checkbox"/> Parks	<input type="checkbox"/> Movies
<input type="checkbox"/> Fishing	<input type="checkbox"/> Animals/Pets	<input type="checkbox"/> Painting/Photos	<input type="checkbox"/> Board Games	<input type="checkbox"/> Shopping

## Eda and Cliff Viner Community Scholars Foundation Mentor Application

*Please read this carefully before signing:*

**The Eda and Cliff Viner Community Scholars Foundation appreciates your interest in becoming a mentor.**

*Please initial each of the following:*

\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation may result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I understand that The Eda and Cliff Viner Community Scholars Foundation is not obligated to and will not provide a reason for the decision to accept or reject me as a mentor.

\_\_\_\_\_ I understand that this application is not for the purpose of an offer of employment but only for the purpose of a volunteer position as a mentor.

\_\_\_\_\_ I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Information Release Form
- Personal References Form
- Interest Survey Form

Notification and Agreement (Please read before signing):

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF VOLUNTEER OPPORTUNITIES, OR DISMISSAL FROM VOLUNTEER WORK REGARDLESS OF WHEN OR HOW DISCOVERED.

By signing this document electronically below, I attest to the truthfulness of all information provided in this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Eda and Cliff Viner Community Scholars Foundation Mentor Application

## Personal References

Please list the names, addresses, and phone numbers of two people you would like to use as character references (only people you have known for at least a year). Any information Eda and Cliff Viner Community Scholars Foundation gathers from these references will be held as confidential and not released to you, the applicant.

1. Name: \_\_\_\_\_

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

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

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

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

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

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

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

## Eda and Cliff Viner Community Scholars Foundation Mentor Application

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**CLIENT NAME** ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, worker's compensation records where permitted by law (post offer), or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by First Choice Background Screening Compliance Department, 6365 Taft Street, Suite #2000, Hollywood, FL 33024, Toll-free number: 888.222.6988 x7808, Toll-free fax: 888.949.2010, [www.firstchoicebackground.com](http://www.firstchoicebackground.com). The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

### ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the document DISCLOSURE REGARDING BACKGROUND INVESTIGATION (included above) and of the separate document entitled A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Choice Background Screening, 6365 Taft Street, Suite #2000, Hollywood, FL 33024, Toll-free number: 888.222.6988 x7808, Toll-free fax: 888.949.2010, [www.firstchoicebackground.com](http://www.firstchoicebackground.com) and/or Employer itself, acting as my representative. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

### BACKGROUND INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
OtherNames/Alias/Maiden \_\_\_\_\_  
Social Security\*# \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
Driver's License\*# \_\_\_\_\_ State of License\* \_\_\_\_\_  
Present Address \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Email Address: \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

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

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567- 8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

**TYPE OF BUSINESS:**

- 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.
- b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:
2. To the extent not included in item 1 above:
  - a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
  - b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
  - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
  - d. Federal Credit Unions
3. Air carriers
4. Creditors Subject to Surface Transportation Board
5. Creditors Subject to Packers and Stockyards Act, 1921
6. Small Business Investment Companies
7. Brokers and Dealers
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

- a. Consumer Financial Protection Bureau  
1700 G Street NW  
Washington, DC 20552
- b. Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357
  - a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050
  - b. Federal Reserve Consumer Help Center  
P.O. Box 1200  
Minneapolis, MN 55480
  - c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11 Kansas  
City, MO 64106
  - d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314  
Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Office of Proceedings, Surface Transportation Board  
Department of Transportation  
395 E Street S.W.  
Washington, DC 20423  
  
Nearest Packers and Stockyards Administration area supervisor
- Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, SW, 8th Floor  
Washington, DC 20416  
Securities and Exchange Commission  
100 F St NE  
Washington, DC 20549  
Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5090  
FTC Regional Office for region in which the creditor operates or  
Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580 (877) 382-4357