



# 88 Wayz Youth Organization

www.88Wayz.com

Chicago - Mentor Application - (Please Type or Print)

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone (1<sup>st</sup>): \_\_\_\_\_ Phone (2<sup>nd</sup>): \_\_\_\_\_

Do you prefer to be matched with: (check one) Youth 3<sup>rd</sup>-5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup>-8<sup>th</sup> \_\_\_\_\_ 9<sup>th</sup>-12<sup>th</sup> \_\_\_\_\_

\*We ask our mentors to enter this relationship with the intention of seeing it through to High School Graduation

Please provide two personal references: (other than family members):

- Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Current Employer:

Company \_\_\_\_\_ Company Phone \_\_\_\_\_

Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Mentor Location: (Please select all that are acceptable)

\_\_\_\_ Roosevelt Middle School – Bellwood    \_\_\_\_ Catalyst School – Howard Charter – Chicago

88 Wayz Mentor Release Statement:

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the Mentoring Program. I understand that the program involves spending 30 minutes per week with mentees. I am not allowed to take the youth off site. Further, I agree to attend one training session and will make my 88 Wayz contact aware of any problems that may arise.

I have not been convicted of (a) any felony of any kind, or any misdemeanor involving (b) harm or threat of harm to another person, (c) controlled substances, (d) acts of a sexual nature, or (e) cruelty to animals. I am not under current indictment. Further, I hereby fully release, discharge or hold harmless 88 Wayz, participating organizations and all of their employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the Mentoring Program.

I understand that 88 Wayz representatives reserve the right to terminate a mentor from the program. The program takes place only at the designated location and does not encourage or approve of relationships between mentor/mentee and family members beyond the organized weekly 30 minutes. I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a criminal check with the authorities. Program staff has the final right of acceptance of applicant. I have read this Release Statement and agree to the contents. I certify that all statements in this application are true and accurate

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Mentor Name – Printed

\_\_\_\_\_  
Date

Please Return to 88 Wayz

Fax: 888.885.7469

E-Mail: Mentors@88Wayz.com