



MENTOR APPLICATION

International Student Foundation

Personal Information

| | | | | | | | | | |
|--|--|---------------------|------------------------------------|---------------|------------------|------------------------------|---------------------|--------|------|
| First Name: | | Middle Name: | | Last Name: | | Preferred Name to be called: | | | |
| Home Address: | | Apt # | | City: | | County: | | State: | Zip: |
| Home Phone #: | | Work Phone #: | | Cell Phone #: | | Email: | | | |
| Date of Birth: | | Gender: M / F | Marital Status: | | Ethnicity: | | Nationality: | | |
| Occupation: | | | | | | Employer: | | | |
| Address: | | | | City: | | State: | | Zip: | |
| Length of Employment: | | | May we contact you at work? Yes No | | | | Work Hours: | | |
| Highest Level of Education Completed: | | Name of School: | | | Degree Received: | | Year of Graduation: | | |
| Social Security #: | | Driver's License #: | | | State Issued: | | Expiration Date: | | |
| Have you previously applied to be a Mentor with ISF? Yes No | | | | If Yes, When: | | | | | |
| How did you hear about ISF? | | | | | | | | | |
| List any organizations where you worked and/or volunteered directly with youth: Organization Name(s): Contact Name and Number/Email: | | | | | | | | | |

Your thoughts about becoming a Mentor:

Have you been a Mentor before? Yes No. If yes, explain your role and the experience.

Why would you like to be a mentor with International Student Foundation (ISF)?

What business experience do you have that will help in your role as an ISF Mentor?

What life experiences have you had that will help in your role as a mentor with ISF?

Explain your faith in Christ.

References

Please fill out the following information for four references: 1) current or past employer who has known you for at least 2 years 2) friend, family, or coworker who has know you at least 2 years 3) co-worker, neighbor or friend who has known you for at least 1 year 4) close family member or a friend who has known you for at least 5 years.

| Reference Name: | Reliable Phone#: | Email: | Relationship to you: | How long known: |
|-----------------|------------------|--------|----------------------|-----------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |

Have you ever been accused, convicted, or arrested for a crime? If yes, please explain.

I understand that:

1. The references and youth organizations I listed may be contacted by mail, telephone, or email.
2. The information I provided may be used to conduct a background check, to include a driving record check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth.
3. As part of the matching process, International Student Foundation will be asking me to provide additional personal information prior to making recommendations for student assignment.
4. Volunteers for International Student Foundation are not excluded on the basis of race, sex, color, religion, national origin, gender or marital status.
5. International Student Foundation is not obligated to match me with a student.
6. If I am accepted as a Mentor for the International Student Foundation, I accept the "Mentor Responsibilities" as stated and provided with this application.
7. I agree to meet with my student regularly and to inform the International Student Foundation staff as to the status of my match relationship every month. I further agree to accept the supervision of the International Student Foundation staff and discontinue my service if I am requested to do so by the organization.

Signature

Date

Please return this completed application to the International Student Foundation:

International Student Foundation
Attn: Renee LeClair
15660 North Dallas Parkway, Suite 700
Dallas, TX 75248

Contact Information:

Renee LeClair, Director of Operations
renee@isfsite.org
Phone: 972-267-8188
Fax: 972-267-8180