

References Checked () YES () NO

CHILD LINK
1100 W. Cermak Rd., Suite B404
Chicago, IL 60608
Telephone: 312-377-4735
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APPLICATION
FOR
MENTOR PROGRAM

CHILD LINK IS AN EQUAL OPPORTUNITY EMPLOYER

Personal Information

Name: (Last, First, Middle)

Social Security Number:

Home Address:

City:

State:

Zip:

Home Phone:

Are you a U.S. Citizen (Circle One)

YES

NO

If not a U.S Citizen, give Visa No.

Expiration Date: / /

Education Record

High, School (Name, City, State):

Graduation Date:

Business or Technical School (Name, City, State):

Dates Attended:

Degree Earned:

Undergraduate College (Name, City, State):

Dates Attended:

Degree Major:

Graduate School (Name, City, State)

Dates Attended:

Degree Subject:

WORK HISTORY (give information about your last 3 jobs, starting with the most recent)

1-Employer

Dates Employed: / / to / /

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title / Duties:

Manager's Name and Title:

Reason for Leaving:

2-Employer		Dates Employed: / / to / /	
Address:			
City:	State:	Zip:	
Phone:	Ending Salary:		
Title / Duties:			
Manager's Name and Title:			
Reason for Leaving:			

3-Employer		Dates Employed: / / to / /	
Address:			
City:	State:	Zip:	
Phone:	Ending Salary:		
Title / Duties:			
Manager's Name and Title:			
Reason for Leaving:			

Business / Personal References (you may use academic references)

1-Name:	
Work Phone:	Home Phone:
Address:	
City:	State: Zip:
Relationship to You:	

2-Name:	
Work Phone:	Home Phone:
Address:	
City:	State: Zip:
Relationship to You:	

3-Name:	
Work Phone:	Home Phone:
Address:	
City:	State: Zip:
Relationship to You:	

ACKNOWLEDGEMENT AND AUTHORIZATION - READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any willful omission of facts or misrepresentation may disqualify me from participating in Child Link's Mentoring Program.

As part of the mentor program screening process, Child Link requires that background investigations be conducted on all mentors. The objective of the background investigation is to verify information provided during the application process and to help solidify a good mentee match.

I authorize Child Link, Inc. and its staff to investigate my background as it pertains to mentor considerations. This may include investigation of past employers, personal references, education institutions, criminal records, consumer credits reports, and information contained in public records. I release all such persons and sources from any liability in damages on account of having furnished such information.

Signature of Applicant

Date

Printed name of Applicant



**CHILD LINK
NEW MENTOR FORM**
(Please print)

Last Name	First Name	Middle initial
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Address	Apt.# Floor	City / State	Zip Code
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Home Telephone

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Office Telephone

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Cell Phone

Email address

Birthday

EMERGENCY CONTACT INFORMATION

Last Name	First Name	Middle Initial
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Address	Apt # Floor	City / State	Zip Code
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Relationship

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Home Telephone

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Work Telephone Number