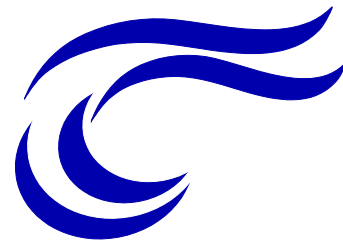


# The College Crusade E-Mentor Application

*Please take time to carefully fill out each section of this application. Your clear, legible handwritten or typed responses would be appreciated.*



**THE COLLEGE CRUSADE**  
OF RHODE ISLAND

*Inspire. Support. Believe.*

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## Personal Information

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Email address: \_\_\_\_\_

May we contact you via email?  Yes  No

Street address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home phone: \_\_\_\_\_

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

Race / Ethnicity: \_\_\_\_\_ U.S. Citizen?  Yes  No

Language(s): Speak \_\_\_\_\_ Write \_\_\_\_\_

Family Status:  Single  Married  Widowed  Divorced / Separated

How much time would you be able to offer your mentee on a weekly basis?

1-2 hours  2-3 hours  4-5 hours

I would like to E-mentor:  One Crusader  Two Crusaders  Three Crusaders

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## Work Information

Job title: \_\_\_\_\_ Work phone: \_\_\_\_\_

Company name: \_\_\_\_\_

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

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## Military Service

Branch of Service: \_\_\_\_\_ Years Served: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

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## Community Service

List clubs or organizations with which you are affiliated: \_\_\_\_\_

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## School(s) Attended

Where did you attend college? \_\_\_\_\_

Last year completed: \_\_\_\_\_ Type of degree / Degree field \_\_\_\_\_

**Please see other side**

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## References

List the names of three references **not related to you**. Please include at least one work reference.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

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## Personal Statement

Please explain why you would like to become an E-Mentor for The College Crusade. Also, why do you think you will be a good mentor?

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## General Information

Have you ever been referred to, or received, treatment for an alcohol- or other drug-related problem?

Yes  No If yes, please explain: \_\_\_\_\_

Do you have any physical or mental conditions which may limit your ability to serve as an E-Mentor?

Yes  No If yes, please explain: \_\_\_\_\_

**Note:** Please be advised that receipt of your application does not guarantee your acceptance as an E-Mentor. Our decision to offer you a mentor position is based on several factors, including but not limited to your application, references, and performance during orientation and training sessions.

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**Authorization:** *I understand that by submitting this application I authorize The College Crusade of RI to make inquiries of the Bureau of Criminal Identification and the Rhode Island Department of Children and Their Families concerning my suitability as a volunteer. The information requested in this application, and such as may otherwise be obtained, will be used for the purpose of determining suitability as a volunteer. All information will be held in confidence.*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, please contact Claudia Cordon at 401-854-5506 ext 109 or [CCordon@thecollegecrusade.org](mailto:CCordon@thecollegecrusade.org)

Please return your completed application to:

Claudia Cordon  
Volunteer and Family Engagement Coordinator  
The College Crusade of RI  
134 Thurbers Avenue  
Providence, RI 02905