



Mentor Application

Name: _____

Address: _____

Cell: _____

Email: _____

AREA(S) OF INTEREST (please mark/select bold area(s) of interest)

☐ **Special Interest Clubs**

- Anime Club
- Board Game Club
- Dungeons and Dragons Club
- Bird Club
- Comic Con Club
- Gamers Club
- Sports Club
- Creative Writing

☐ **Performing Arts**

- Beat Goes On
- Intro to Acting
- Music Appreciation
- Sensory Art and Music
- Social Club
- Theater
- Expressive Movement

☐ **Social Skills**

- Adult 20s Group
- Friday & Saturday Night Hangouts
- Girl Talk
- The Zone

☐ **Independent Living Skills**

- Summer Camp 2022
- Cooking Class
- Intellectual Discussion Group
- Product Making
- Life Skills Class (coming soon)

☐ **Job Skills**

- Vocational Job Skills
- Job Skills/Employment

We THANK YOU for wanting to be a mentor at the Living and Learning Enrichment Center! We could not do what we do without your help!

Please contact Mentors at mentors@livingandlearningcenter.org for additional information or questions.

SIGNATURE: _____ **Date:** _____



New Employee Information

Employee Data

Name:

LAST

FIRST

M.I.

S.S.N.:

Current Address:

City:

State:

Zip:

Phone:

How long have you resided
at current address?

Prior Address:

City:

State:

Zip:

Phone:

How long did you reside
at prior address?

Are you over 18 years of age?

☐ Yes

☐ No

Sex: ☐ Male ☐ Female

Have you worked for this company in the past?

☐ Yes

☐ No

If so, when?

Names of friends or relatives who presently work for this company:

Emergency Contact Information

Name:

Home Phone:

Address:

Work Phone:

City:

State:

Zip:

How is this person related to you?

Name:

Home Phone:

Address:

Work Phone:

City:

State:

Zip:

How is this person related to you?

Employment Position

Position:

Date started:

Starting salary:

Job responsibilities:

Training Requirements

Type of training

Location

Amount of time needed

Dates

Previous Relevant Training

Date of Training	Location	Describe training received

General

List any foreign languages you speak and check your level of fluency:

_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write

List any special skills/abilities you have that can be applied to this position:

Military

Have you served in the military?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Branch:
Served from	/ /	to	/ /	Rank:
Do you have any military commitment, including National Guard service that would influence your work schedule?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, explain:				
Are you a Vietnam veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a disabled veteran?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a special disabled veteran?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
REASONABLE ACCOMMODATIONS: In the event you believe you will need reasonable accommodations to assist you in performing your job, please contact your supervisor or human resources coordinator.				

Additional Information

Authorization

I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that if employed, falsified statements on this form will be grounds for dismissal.

Employee Signature: _____ Date: _____



Confidentiality Policy for Employees, Subcontracted Employees, Volunteers, and Board Members

Respecting the privacy of our clients, board members, donors, employees, and volunteers of the Living and Learning Enrichment Center itself is a basic value of the Living and Learning Enrichment Center. Personal and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from the director, Rachelle Vartanian. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared.

Employees, subcontracted employees, volunteers, and board members of the Living and Learning Enrichment Center may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of the Living and Learning Enrichment Center that such information must be kept confidential both during and after employment or volunteer service. Staff and volunteers, including board members, are expected to return materials containing privileged or confidential information at the time of separation from employment or expiration of service.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including termination.

Certification

I have read the Living and Learning Enrichment Center's policy on confidentiality and the Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with the Living and Learning Enrichment Center.

Signature _____ Name _____ Date _____



Living and Learning Enrichment Center has my permission to do a background check on me. This will be done through the following:

- iChat

Mentor: _____

Telephone Number: _____

Address: _____

DOB: _____

Email: _____

Photo ID: Please email a copy of your Driver License or Photo/School ID with the completed forms.

Signature of Mentor: _____

Date: _____

All results are confidential and available upon request.