



Dear Prospective Mentors,

Latinas On the Verge of Excellence - L.O.V.E. Mentoring Program, Inc. would like to invite university female students to serve as mentors in our 2020 - 2021 L.O.V.E. Mentoring Programs.

The L.O.V.E. Mentoring Program aims to enhance academic performance and high school graduation rates among young Latinas and other young women by providing them with the support of positive role models who believe in their inner power and who are committed to helping them achieve their full potential. In order to achieve these goals, the mentoring sessions will focus on physical, mental and reproductive health in addition to career readiness and mentorship.

This year we will be offering the exciting opportunity to mentor students from The Young Women's Leadership Schools (TYWLS), The Internationals Network for Public Schools, as well as other public high schools throughout New York. An **academic year commitment** (September – June) or a **semester commitment** (i.e. September – December or January – June) is required of mentors who wish to participate in the L.O.V.E. programs.

If you are interested in becoming a mentor for young women, please kindly complete the application below. If you have any questions, please contact us at [info@lovementoring.org](mailto:info@lovementoring.org)

Sincerely,

Claudia Espinosa  
Founder and Director  
Latinas On the Verge of Excellence - L.O.V.E. Mentoring Program, Inc.  
[www.lovementoring.org](http://www.lovementoring.org)



**Commitment on the Part of Mentors:**

- Four hours per month mentoring students at partner high schools.

**MENTOR APPLICATION FORM**

**PERSONAL DATA**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apartment #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Borough:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

**Relationship to Emergency Contact:** \_\_\_\_\_

**Are you 18 years old or over? (Please circle your response.)**    Yes    No

**How were you referred to us?**    Advertisement    Volunteer    School    Other \_\_\_\_\_

**Have you ever been convicted of a crime?**    Yes    No

**EDUCATION**

**Please Check:** Bachelor's Degree: \_\_\_\_\_ Master's Degree: \_\_\_\_\_

Name of Institution/School: \_\_\_\_\_ Anticipated date of graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Are you fluent in Spanish? Yes \_\_\_\_\_ No \_\_\_\_\_

**EXPERIENCE**

**Employment History:** Please list your job history for the past five years in chronological order. You may attach a resume but complete this Application as well. You may include work performed on a volunteer basis.

<u>Employer</u>	<u>Address and Telephone Number</u>	<u>Dates of Employment</u>	<u>Reasons for Leaving</u>

**Volunteer Work:** Please describe volunteer work that may be relevant to this application.

**References:** Please list two persons best qualified to comment on your related experience and/or educational background.

<u>Name</u>	<u>Telephone</u>	<u>Title / Relationship</u>

Do you have previous experience working with youth? If so, please describe.

Briefly describe your motivation for applying to become a mentor:

Tell us about your hobbies and/or interests:

What qualities and skills do you feel you have that would benefit a young Latina?

### **CERTIFICATION**

I certify that the information provided in this Mentor Application (the “Application”) is true and accurate. I understand that the withholding of any information sought by this Application, or the giving of false information on this Application may result in my disqualification from consideration for volunteer service for Latinas On the Verge of Excellence - L.O.V.E, Inc.’s Mentoring Program (the “Mentoring Program”), or, if discovered after I have begun volunteering for the Mentoring Program, my termination as a volunteer in connection with the Mentoring Program.

I hereby grant permission to any person, firm or corporation to release to Latinas On the Verge of Excellence - L.O.V.E, Inc. (the “Organization”) or its representatives, and to the organization and its representatives to receive any and all information regarding my past volunteer work or employment and my background. I waive any and all claims, liability and causes of action I might have with respect to the organization receiving or providing of such information to third parties.

I hereby release and hold harmless Latinas On the Verge of Excellence – L.O.V.E., Inc. from any and all claims, liability and causes of action, which I may have against Latinas On the Verge of Excellence – L.O.V.E., Inc., its Director and its volunteers arising from, resulting from or in connection with the Mentoring Program, including but without limitation, any claims, demands or causes of action resulting from the negligence of the Mentoring Program. This agreement is signed for the purpose of fully and completely releasing, discharging, and indemnifying Latinas On the Verge of Excellence – L.O.V.E., Inc., its Director and its volunteers from any and all claims, liability and causes of action as herein described.

I understand and agree that my position at the Organization is entirely voluntary and without compensation. I further understand that the provisions of this application do not constitute a contract (either expressed or implied) of employment between myself and the Organization. I further understand and agree that if I am offered and accept a volunteer position at the Organization, either I or the Organization may terminate the volunteer relationship at any time for any reason or no particular reason or cause. The Organization reserves the right to determine and change its policies and procedures applicable to volunteers at any time for any reason. I understand and agree that my volunteer position is contingent upon, among other things, my signing the Organization’s Mentor Volunteer Code of Conduct. In the event of the Organization’s determination of my ineligibility to participate as a mentor, in accordance with the Mentoring Program’s policies, I understand the reason will not be provided.

**I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

**Please sign, scan, and turn in the application to Claudia Espinosa at [claudia@lovementoring.org](mailto:claudia@lovementoring.org)**