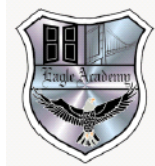




105 East 22<sup>nd</sup> Street, New York, NY 10010 Tel: 212-777-7070 Fax: 212-995-5145



## Eagle Academy Prospective Mentoring Application

*"The mission of the Eagle Academy for Young Men Mentoring Program is to create an opportunity for students to engage with professional men, in a group setting, on a monthly basis to discuss pertinent issues they may face and to develop life skills & techniques that will promote their success."*

### **Personal Information**

Name \_\_\_\_\_ Title \_\_\_\_\_

Company/Affiliation \_\_\_\_\_

Co. Address \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**For the purpose of obtaining education and employment history, please include an updated resume with this application.**

**Profession (s)** \_\_\_\_\_

**Community Service.** List current and past participation in community service activities. Include any involvement with youth-serving agencies.

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**Hobbies and Interests.** List any hobbies or interests that your mentees may benefit from.

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**Language Proficiency.** List the languages in which you are fluent.

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**Mentoring Prospectus**

Geographical Preference (Please Select): Bronx, NY\*\* \_\_\_\_\_ Brooklyn, NY \_\_\_\_\_

Grade Level Preference (Please Select) \*\*: Lower school mentoring (grades 9 & 10)  
Upper school mentoring (grades 11 & 12)  
Brooklyn Campus (grades 6 & 7)

Name any cultural/creative/social activities, which you enjoy and would like to share with your mentees.

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What is your age group? 20 – 40 \_\_\_\_\_ 41 – 60 \_\_\_\_\_ 60+ \_\_\_\_\_

**References**

List the names, addresses and daytime telephone numbers of three persons who have known you for at least one (1) year and well enough to vouch for your character. One of these persons must have been an employer or supervisor. None may be from your immediate family. References will only be contacted upon your conditional acceptance into the program.

1. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT!**

Federal law requires that student records remain confidential and any information obtained about a student, from address to work habits, may not be disclosed to others except the student's teacher, principal, guidance counselor and/or parents. If a prospective mentor questions his/her ability to abide by this law, he/she should reconsider applying.

**ALL PROSPECTIVE MENTORS ARE SUBJECT TO MANDATORY FINGERPRINTING & BACKGROUND CHECKS. EAGLE ACADEMY PROGRAM STAFF & ONE HUNDRED BLACK MEN, INC. RESERVES THE RIGHT TO ACCEPT OR REJECT AN APPLICANT.**

I have read the above statements and agree to abide by them. The information I have provided in this questionnaire is true to the best of my knowledge. I grant permission to One Hundred Black Men Inc. and Eagle Academy to verify the data and to contact the references provided

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For more information, please contact:**

**One Hundred Black Men, Inc. – Craig Simmons, Executive Director 212-777-7070  
105 E. 22<sup>nd</sup> Street, Suite 911  
New York, NY 10010**

**Eagle Academy Bronx Campus – Aaron Barnette, Director of Scholar Life 718-410-4087  
244 East 163 St.  
Bronx, NY 10451**

**Eagle Academy Brooklyn Campus – Wallace Niles, Program Director 718-495-1027  
1137 Herkimer St.  
Brooklyn, NY 11233**

