Inspirational Speaking, LLC
I Dream Academy: Mentoring and Development
Mentor Application
513-409-1102
idreamacademyfrontoffice@gmail.com

Last Name:	**First Name:**	**SSN:**
Gender:	**Race:**	**D.O.B.**
Home Address:		
City:	**State:**	**Zip Code:**
Home Phone:	**Work Phone:**	**Drivers License No.**
Employer:	**Length of Employment:**	**Supervisor's Name:**

Mentoring Information

What is your reason for wanting to be a Mentor?

Do you have any previous experience volunteering or working with youths?

Are there preferred times you can meet with your mentee?

During lunch: _____ After School: _____ Evening hours:_____

Weekends: _____ During regular business hours: _____

Other: _____

Would you prefer to be matched with a child from a specific grade level: _____ Ethnicity:

_____ Gender: _____, doesn't matter: _____

Would you be willing to work with a child who has disabilities? _____

Can you speak any other languages? _____

Do you have any hobbies or special skills? _____

Please check all activities of interest:

- ☐ **Biking**
- ☐ **Baseball**
- ☐ **Gymnastics**
- ☐ **Basketball**
- ☐ **Wrestling**
- ☐ **Cheerleading**
- ☐ **Football**
- ☐ **Boxing**
- ☐ **Drillteam/Dance**
- ☐ **Soccer**
- ☐ **Tennis**
- ☐ **Volleyball**
- ☐ **Golf**
- ☐ **Track**
- ☐ **Yoga**
- ☐ **Swimming**
- ☐ **Camping**
- ☐ **Fishing**
- ☐ **Science**
- ☐ **Gardening**
- ☐ **Parks**
- ☐ **Animals**
- ☐ **Hiking**
- ☐ **Skating**
- ☐ **Singing**
- ☐ **Musical**
- ☐ **Art/Drawing**
- ☐ **Board Games**
- ☐ **Movies**
- ☐ **Shopping**
- ☐ **Reading/Library**
- ☐ **Cooking**

List any other areas of special interest to you:

_____
_____
_____

REFERENCES

First Name:	Last Name:
Address:	City, State, Zip code
Phone:	Relation Ship:

First Name:	Last Name:
Address:	City, State, Zip code
Phone:	Relation Ship:

Mentor's Signature Date

Mentee's Parent Signature Date

Mentee's Signature Date

Authorized Representative Signature Date

Inspirational Speaking, LLC
I Dream Academy
Mentor Agreement

I understand that as a Development Coach/Mentor I may become privileged to confidential information about Inspirational Speaking LLC/ I Dream Academy (Mentoring and Development). I agree to maintain the confidentiality of any information marked "confidential" as well as any information about Inspirational Speaking LLC/IDA internal procedures, business operations, personnel information and all that is not otherwise publicly disclosed by Inspirational Speaking LLC/IDA. As a Development Coach/Mentor, you are not permitted to relinquish, conceal, or destroy any confidential information in any manner that would be detrimental to the cause and forward progress of our standards and/or mission. I will avoid any actions that might impair the reputation of Inspirational Speaking LLC/I Dream Academy (Mentoring and Development. A Non-compete clause will be in effect up to one year of consent to employment.

Please initial each of the following:
_____ I agree to follow all policies and procedures of Inspirational Speaking LLC/ I Dream Academy (Mentoring and Development.

_____ I understand that any violation of the policies and procedures will result in suspension and or termination of my mentor participation.

_____ I understand that Inspirational Speaking LLC \ I Dream Academy (Mentoring and Development is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow Inspirational Speaking LLC I Dream Academy (Mentoring and Development to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

_____ I understand that Inspirational Speaking LLC/ I Dream Academy (Mentoring and Development. may do a Local, State, or National Background Check.

_____ I am aware that under no circumstances are mentees or any other person presumed as 'client' permitted on the premises, nor is to remain overnight of mentor's personal residence without the written consent of the mentee's authorized guardian or consenting agency. All traveling intents must be cleared through mentee's guardian and confirmed through an authorized personnel of Inspirational Speaking LLC member.

By signing below, I attest to the truthfulness of all information listed in this application and agree to all the above terms and conditions.

Printed name of mentor: _____

Mentor's Signature: _____

Parent's or Guardian Signature: _____
(If mentor is under age 18)

Date: ___ _____.