



**Mentor Application**

**Biographical Information**

Name of Applicant (last, first & middle):

Gender:

Date of Birth:

Social Security Number:

Employer:

Industry:

Undergraduate School:

Undergrad Year Graduated:

Field of Study (Business, Sciences, etc.):

Graduate School :

Grad Year Graduated:

Major:

Interests, Hobbies, Activities:

Professional Organizations

Other Volunteer Work

**Contact Information**

Home Address:

Permanent Address (if different):

Email:

Home telephone:

Work telephone:

Cell telephone:

Languages Spoken, other than English

How did you hear about Minds Matter?  
If through a personal contact, please specify:

**Personal References**

*Please note that Personal References will be contacted.*

Reference #1

Name of Reference

Relationship to Applicant

Primary telephone:

Secondary telephone:

Best Time to Contact (*Select one*)

<u>Reference #2</u>	
Name of Reference	
Relationship to Applicant	
Primary telephone:	
Secondary telephone:	
Best Time to Contact ( <i>Select one</i> )	

*Please confirm your authorization for Minds Matter of Portland, Inc. to perform a complete background check by reviewing and signing.*

### **Authorization to Complete Background Check**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

By signing this authorization below, I hereby authorize Minds Matter of Portland, Inc. to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county and federal courts, or any references I have provided, to release information about my background including, but not limited to, information about employment, education, criminal record and general public records history.

I release from all liability all persons, companies, schools and other entities supplying such information. I indemnify Minds Matter of Portland, Inc. against any liability that may result from making such requests. This release shall remain in effect for the length of my service with Minds Matter or Portland, Inc. I understand that I may have a right to request additional disclosures regarding the nature and scope of the investigation.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

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

**Thank you for your interest in Minds Matter of Portland, Inc.  
PO Box 820023 Portland, OR 97282**