



**SEA Program
Mentor/Tutor Application
2024-2025**

Name:	Date of Birth:
Email Address:	Telephone #:
Local Address:	City State Zip:
Name of high school:	
What is your current academic status: junior or senior?	
Do you have a concentration or specialization?	
Are you willing to volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
I am available to work:	
<input type="checkbox"/> In-Person (Preferred) <input type="checkbox"/> Remote Only <input type="checkbox"/> Hybrid (Combination)	

Commitments:

What are your commitments for the 2024-2025 school year?
Please list all planned and potential commitments.

Foreign Language Skills:

Do you have any Spanish language skills? If yes, please advise us of your level of proficiency. Do you have any other foreign language skills?

Availability:

Please list the times you are available between 2:00 PM to 6:30 PM, M-F. (Note: SEA Program sessions are usually between these times; however, some schools have “early outs” on certain days, which may start earlier, and some sites may end later.) Where requested, please indicate the hours you are available to work. Please place an “X” next to any day that you are able to work. (Must be available for one hour to count as available.) If unsure, please write “NOT SURE” for those days.

Days	Please place an “X” next to any day that you are able to mentor/tutor	Please indicate the time range of availability (i.e. 2:00-6:30 pm)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

In the box below, please indicate the number of students you would be able to mentor/tutor. Please note that it’s best to start with the minimum number of students that match your availability. After commencing, you can always choose to take on additional students should it be feasible. Ideally, mentor/tutors work with the same student(s) for the entire academic year, if possible, even with necessary schedule changes between the fall and spring semesters. Is this feasible for you?

Ideal number of students to start: <input type="text"/>
I am able to work as a mentor/tutor for the entire school year: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

Interviews:

Please place an “X” next to the days you are able to meet for an interview. You will be contacted with your interview day and time:

Day	Time(s)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Middle School Subject Teaching Level:

On a scale from 1 to 10, with 10 being completely capable, how would you describe your comfort level with teaching the following middle school subjects?

Math		English	
History		Science	

References:

1. Name: _____

Telephone: _____

Position/Relationship: _____

2. Name: _____

Telephone: _____

Position/Relationship: _____

3. Name: _____

Telephone: _____

Position/Relationship: _____

Previous relevant experience for the mentor/tutor position:

For example: employment, volunteering, internships, etc.

Job	Date	Position	Responsibilities

ON A SEPARATE DOCUMENT (or immediately following this application) please answer the following questions. This section should be no longer than 1½ pages:

NEW MENTOR/TUTORS ONLY:

1. In one to two paragraphs, please explain why you want to become a mentor/tutor.
2. In one paragraph, please explain what qualities you have that would make you a great mentor/tutor. Describe any past experiences with youth that reflect these qualities.
3. Please attach an artistic representation of yourself to your application such as a drawing, collage, or anything you feel reflects who you are.

RETURNING MENTOR/TUTORS ONLY:

1. In one to three paragraphs, please describe the impact of your past experience in working with your student(s) that have inspired you to want to return to the SEA Program.
2. Are there any specific tools or approaches that you found to be particularly effective in your work as a mentor/tutor?

Is there any additional information you would like to share with us:

My signature below certifies that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsification in this application will be grounds for termination of services. I hereby give The Emily Shane Foundation permission to verify the accuracy of the information contained in the application and to check my references.

Signature:		Date:	
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Please submit the application by email to:

ellen@emilyshane.org

Please email any questions about the application process to the email address above.

