



## Mentor Application

Lives Improve Through Engineering (LITE) is a two-week residential program for high school girls who have completed the 11<sup>th</sup> grade and are interested in engineering. The program consists of classes, labs, educational field trips, and social excursions. Mentors receive a modest stipend for mentoring participants from July 20 – August 1, 2008. **Mentors must have at least a 3.0 GPA and are required to live in the residence hall and to attend LITE classes, programs and events for the entire two-week period.**

Name: \_\_\_\_\_

Student I.D.# \_\_\_\_\_ Social Security # \_\_\_\_\_

Email \_\_\_\_\_ Current Employer \_\_\_\_\_

Co-op Supervisor's Name and Email \_\_\_\_\_

Class  
Status \_\_\_\_\_ Major \_\_\_\_\_

Permanent  
Address \_\_\_\_\_

Campus Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Have you ever been convicted of a crime or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are there any felony charges pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Please answer the following questions on a separate sheet of paper:

1. What is a mentor and why are you interested in this position?
2. What personal qualities do you have that enhance your ability to mentor high school seniors?
3. What challenges do you foresee in mentoring young women during the LITE program?
4. If you could teach a LITE participant one thing, what would it be and why?

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

*Return to Deborah Stewart in Student Affairs, 3-100 CC by 4<sup>th</sup> Friday, 5 pm*

**LITE Mentor Application  
Employment History**

Name: \_\_\_\_\_

Employer and Department \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Telephone \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer and Department \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Telephone \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer and Department \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Telephone \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**LITE: Lives Improved Through Engineering - Mentor Application**

Complete all relevant sections.

| <b>EDUCATION</b> |                 | Name:                                 |  | Student ID:            |       |     |             |
|------------------|-----------------|---------------------------------------|--|------------------------|-------|-----|-------------|
| School Name      | Degree Received | Dates Attended<br>From MM/YY To MM/YY |  | Graduated<br>Yes or No | Major | GPA | School Name |
| High School      |                 |                                       |  |                        |       |     |             |
| Degree Program   |                 |                                       |  |                        |       |     |             |
| College/Univ./   |                 |                                       |  |                        |       |     |             |
| Bus/Tech         |                 |                                       |  |                        |       |     |             |
| Other            |                 |                                       |  |                        |       |     |             |

| <b>ACTIVITIES</b> |                      | On or Off Campus |          |  |
|-------------------|----------------------|------------------|----------|--|
| Organization      | Role in Organization | Start Date       | End Date |  |
| 1.)               |                      |                  |          |  |
| 2.)               |                      |                  |          |  |
| 3.)               |                      |                  |          |  |
| 4.)               |                      |                  |          |  |
| 5.)               |                      |                  |          |  |

| <b>LEADERSHIP</b> |          | Leadership and/or Mentor Experience |            |          |
|-------------------|----------|-------------------------------------|------------|----------|
| Organization      | Position | Exp. Gained                         | Start Date | End Date |
|                   |          |                                     |            |          |
|                   |          |                                     |            |          |
|                   |          |                                     |            |          |
|                   |          |                                     |            |          |

| <b>HONORS</b>    |              | Honors and Awards |            |  |
|------------------|--------------|-------------------|------------|--|
| Honors or Awards | Organization | Grantor           | Award Date |  |
|                  |              |                   |            |  |
|                  |              |                   |            |  |
|                  |              |                   |            |  |
|                  |              |                   |            |  |

| <b>VOLUNTEER</b> |                      | Volunteer Experience or Civic Activities |          |  |
|------------------|----------------------|--|----------|--|
| Organization     | Role in Organization | Start Date                               | End Date |  |
| 1.)              |                      |  |          |  |
| 2.)              |                      |  |          |  |
| 3.)              |                      |  |          |  |
| 4.)              |                      |  |          |  |

| <b>REFERENCES</b> |       | A person outside of your family who can speak of your character |               |  |
|-------------------|-------|---|---------------|--|
| Name              | Title | Company/Org.  | Contact Info. |  |
| 1.)               |       |   |               |  |
| 2.)               |       |   |               |  |
| 3.)               |       |   |               |  |

**KETTERING UNIVERSITY**

**RESIDENT ADVISOR/MENTOR APPLICANT AUTHORIZATION  
AND CONSENT FOR RELEASE OF INFORMATION FORM**

Kettering University requires, as a condition of consideration for a Resident Advisor/Mentor appointment that all applicants consent to and authorize a verification of the information submitted on their application and/or resume by executing this Form. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of being considered for an appointment as a Resident Advisor/Mentor, is true and complete to the best of my knowledge. I understand that if I am appointed, any false statements will be considered as cause for immediate termination of the appointment.

This Authorization acknowledges that Kettering University may now, or at any time while I am serving as a Resident Advisor/Mentor, conduct a verification of my education, employment history, criminal record, and/or driving record. In addition Kettering University may contact personal references, require that I am tested for the presence of drugs or alcohol, and obtain any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to Kettering University to determine my qualifications to be considered for and/or to serve as a Resident Advisor/Mentor. I authorize Kettering University and/or a background checking firm selected by Kettering University, and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of Kettering University. The results may be used as one factor to determine my eligibility for consideration for and/or service as a Resident Advisor/Mentor.

I have read and understand this Authorization, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Kettering University and/or the background checking firm selected by Kettering University with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Kettering University, its agents, including the background checking firm and its associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

Date \_\_\_\_\_

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**(Signature)**