



**Theta Omega Inc.
Men of Quality Leadership Academy Mentoring Program**

MENTOR APPLICATION FORM

Last Name: _____ M.I.: _____ First Name: _____

Home Address

Street _____, City _____, State _____, Zip _____

Contact Information

Home Phone#: _____ Work: _____ Cell#: _____

Email: _____

Place of Employment: _____

Profession: _____, Title: _____

Have you previously mentored students before? If "Yes" When and Where?

Why are you interested in participating in this leadership development program as a Mentor?

Mentor Commitment and Expectations Contract

I will be supportive and provide guidance of the Student Commitment and Pledge Contract I will be supportive of the goals of the Leadership Academy.

I will support the students that are participating in all sessions, activities and/or special even I will contact the Leadership Staff, if any questions and/or concerns are raised.

Name (please print): _____

Signature: _____

Date: _____