

BE A MENTOR PROGRAM

MENTOR REFERRAL FORM

Students In Business, Inc. (SIB) is referring the following prospective mentor for your approval. As per our agreement, your personnel will decide whether or not to accept a referral from SIB and match the referral with a youth.

In order to make your decision SIB suggests that you review the enclosed objective data collected regarding the referral and conduct a personal interview to form a subjective opinion.

If you have any questions regarding your process in approving or accepting a prospective mentor referred by SIB, please contact your supervisor or the person responsible for the Mentor Project.

Name: _____

Application Date: _____

TB screening Date: _____

DOJ Clearance Date: _____

Drivers Lic Exp Date: _____

Insurance Exp Date: _____

Insurance Carrier: _____

Training: _____

Comments: _____

SIB has also obtained personal references for the above-mentioned person. You can view the personal references and the Mentor Questionnaire on the Main Page under Download Mentor's Files. If you have any questions in regards to this Mentor's personal references or Mentor Questionnaire, please contact Kathy Morrison at (510) 795-6488x6175. Thank you.

Please check one of the boxes below

- I understand** that the prospective mentor referenced above has passed initial screening as indicated, but has not been determined to be suitable for mentoring a youth. I accept the responsibility for reviewing the case file provided electronically and to interviewing this perspective mentor and deciding whether or not to match this person with a youth.
- I do not agree** to reviewing the case file provide nor to interview the referenced prospective mentor and make a decision whether or not to match this person with a youth.