

The BECA FOUNDATION MENTOR APPLICATION
830 Grand Ave. Suite B, Escondido Ca. 92025

Name _____
Last First Middle aka

Home Address _____ City _____ Zip _____

Home Phone# _____ Cell# _____

E-mail Home Address _____ E-mail Bus. _____

Name of Spouse/Significant Other _____ Children _____ Ages _____

Employer _____ Title _____ Date Hired _____

Business Address _____ City _____

Zip _____ Phone# _____ Ext _____ Cell _____

Educational Institution(s) Attended _____

_____ Total yrs of education _____

Major _____ Minor _____ Degree(s) _____ Year _____

Date of Birth _____ Drivers license# _____ Renewal date _____

Other than Misdemeanor, have you been convicted No Yes

Explain on separate sheet _____

References

.1) _____ Phone# _____ Relation _____

2) _____ Phone# _____ Relation _____

3) _____ Phone# _____ Relation _____

Explain why you wish to be a mentor.

Characteristics or Preferences you would like us to consider, in matching you to a student.

Foreign Language(s) fluent in _____

Special Interests/Hobbies _____

Signature _____ Date _____