

SURFRIDER SPIRIT SESSIONS

Catching Waves and Changing Lives!

MENTOR PROFILE

- All asterisks indicate optional not mandatory.

<i>(For office use only)</i>
Mentor ID#:
Start date:

Personal Information

Mentor name: _____ Nickname: _____
(First, Middle, Last)

Date of birth: _____ Gender: Male Female Transgender Gay Bi-sexual

Home address: _____

Home phone: _____ Personal cell phone: _____

Personal email: _____ *Face book: _____ *Twitter: _____

*Do you have a child/ren? Yes No Ages: _____ How long have you lived in Hawaii? _____ Yrs.

Employment Information

Occupation: _____ *Business name: _____

*Business phone: _____ *Business email: _____

Does your employer offer a matching donation program? Yes No

Does your employer have an internship program or "first-job" type entry level position available?

Never Rarely Occasionally Frequently

Do you volunteer with any other organizations? Yes No If yes, please list other organizations. _____

Medical Information

Physician name: _____ Phone/Pager: _____

Address: _____

Medical coverage with: _____ Policy number: _____
(Name of plan, e.g. HMSA, Kaiser, Military, etc.)

Subscriber name: _____ Medications: _____

Relevant health concerns/conditions/allergies: _____

Emergency contact name: _____ Phone: _____
(Please include relationship)

Mentor Surf Competency (Check one.)

- Basic (Can catch small waves) Intermediate (Can catch shoulder to head high comfortably)
 Excellent (Can catch overhead + comfortably) Professional: (sponsored/competitive) Current Retired

Water Sports Experience (Check all that apply)

- Surfing Long Board Stand Up Surfer Paddler—club _____
 Body boarder Bodysurfer Other water sports _____

SURFRIDER SPIRIT SESSIONS

Catching Waves and Changing Lives!

***Ethnicity** (Check all that apply)

- Hawaiian Part Hawaiian American Indian Chinese Japanese Korean
 Indo-Chinese (Vietnamese, Laotian, Cambodian) Samoan Filipino Portuguese
 Spanish, Cuban, Mexican, Puerto Rican Black Caucasian Other _____

Foreign Language

*Do you speak any of the following languages moderately or fluently (Check all that apply)

- English Cantonese Mandarin Ilocano Tagalog Cebuano/Visayan
 Hawaiian Japanese Korean Samoan Vietnamese Chuukese
 Pohnpeian Cambodian Chamorro Fijian Hmong Lao
 Marshallese Pampango Pangasinan Portuguese Spanish Thai
 Tongan Other (Specify): _____

Educational Background

High School: _____ College(s): _____
(Name of high school) (Name of college)

Degree(s): _____ Advanced degree(s): _____

***Certification** (Check all that apply)

- CPR Certified Life Guard/Water Safety Certification Surf Instructor Teacher
 Counselor/Social Worker Physician/Nurse/Physical Therapist/Massage Therapist Yoga

Other

Hobbies/Interest: (List top three interests) _____

Would you like to host a class or share your skill, talent or interest with the students? (Check all that apply)

Job Seeking/Training:

- Resume Writing Writing skills for business Business Etiquette
 Worksite or office tours Career specific job training/internships
 Dress for Success (any personal appearance skills, cosmetology, fashion etc)
 Other _____

Do you object to our checking with appropriate authorities such as the State Department of Justice, Hawaii Department of Motor Vehicles for matters of public record regarding your background and history? (circle one) Yes No

Please write a brief note as to why you would like to be a mentor in the Surfrider Spirit Sessions program:

SURFRIDER SPIRIT SESSIONS

Catching Waves and Changing Lives!

PERSONAL REFERENCES

Please list the name, email, address, and telephone number of at least two people you have known for at least three years. DO NOT use more than one relative as a reference. A mentoring coordinator will be contacting these individuals. We ask that you alert your references in advance.

1. Name: *(first)* _____ *(m.i.)* _____ *(last)* _____
Phone: *(home)* _____ *(work)* _____
Home Address: _____
(city) _____ *(state)* _____ *(zip code)* _____
E-Mail: _____
Relationship: _____ *(years known)* _____

2. Name: *(first)* _____ *(m.i.)* _____ *(last)* _____
Phone: *(home)* _____ *(work)* _____
Home Address: _____
(city) _____ *(state)* _____ *(zip code)* _____
E-Mail: _____
Relationship: _____ *(years known)* _____

I have read the above information and completed this form to the best of my knowledge. I understand that I am not obligated, if called upon, to perform volunteer mentor services herein applied for, and that the program is not obligated to assign, or actively seek to assign, a student to the applicant. I further agree to allow the staff of Surfrider Spirit Sessions to elicit additional pertinent, personal information as part of the matching process.

In the event that I am chosen as a mentor, I agree to the commitment and to participate to the best of my ability. I will honor confidential information regarding my student. I will be free of the influence of alcohol or illegal drugs when with students on or off program activities. I will inform the Program Manager of any changes in my address and/or phone numbers. I will inform the Program Manager in advance should I choose to stop volunteering.

All information provided will be kept confidential and is for internal purposes only.

Mentor Signature: _____ Date _____

Do you know someone who may be interested in becoming a Surf Mentor?

Name: _____ *(phone)* _____
(email) _____