

# 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 \_\_\_\_\_

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**\*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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 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)* \_\_\_\_\_