



Becoming Men of Change

"A people without the knowledge of their past history, origin and culture is like a tree without roots."

-Marcus Garvey

3rd Annual BMoC Summit~ June 26th, 2014
Sacramento State University Ballroom, 8am-5pm

MENTOR APPLICATION

Description of BMoC Summit:

A FREE full day event focused on galvanizing community power and inspiring youth action! The purpose of the summit is to create system change by mobilizing young people and inspire dialogue between youth activists and local leaders regarding the development of a community action plan to improve health, safety and educational outcomes for Boys and Men of Color in the Sacramento area. At the end of the Summit participants will be encouraged to develop and sign a pledge demonstrating their commitment to this work.

Description of Mentor Responsibilities:

- Preferred applicants must be age 21 and above
- Mentors are to build an impactful relationship with their mentees and help increase their opportunities to succeed in school, employment and their personal lives. Volunteers are expected to arrive on time and ready to work.
- Mentors are required to attend mentor orientation and training day on June 14th, 2014, 10am-1pm. **(Alternative date for those unable to make that day is June 18th, 2014, 6pm-9pm)**
- Will work intensively with a group of 8-10 youth alongside another mentor partner.
- Selected applicants are encouraged to maintain a longstanding mentorship role with their mentees. Events will be provided throughout the year to ensure opportunities for mentorship
- Selected applicants will be fingerprinted through Live Scan. (Fees will be paid by BMoC.)

❖ Please note that failure to attend orientation and/or respect the standards of the Boys and Men of Color Summit jeopardizes your participation within the summit.

❖ **Deadline to submit is May 30th, 2014**

Name: _____
 First Middle Last

Birthday: _____ / _____ / _____ Age: _____
 Month Date Year

Address: _____
 Street City Zip Code

Phone Number: _____ Email: _____

T-shirt size: (EX: Small) _____ **Twitter name:** _____ **Instagram:** _____

Occupation: _____ **Current Employer:** _____

Circle your level of educational attainment: High School / Some College / College Degree / Graduate School

Do you have any previous experience mentoring/working with youth? Yes / No

Do you have any dietary needs? Yes No If Yes, Please explain_____

Have you ever been convicted of a crime? No/Yes; If answer is yes, please explain (background check will be done. Answering yes does not mean an automatic disqualification.)

How did you hear about the BMoC Summit? _____

Fraternal, social or other volunteer activities: _____

Do you have any dietary needs? Yes / No If Yes, Please explain _____

Race/ Ethnicity:

- African/ African American
- Asian/ Asian American
 - Hmong
 - Vietnamese
 - Chinese
 - Iu-Mienh Lao
 - Indian
 - Korean
 - Filipino
 - Asian Indian
 - Japanese
 - Cambodian
 - Thai
 - Other Asian _____
- Caucasian
- Native American
- Pacific Islander
 - Samoans
 - Native Hawaiian
 - Polynesian
 - Tongans
 - Fijians
 - Micronesians
 - Tahitians
 - Other PI _____
- Middle Eastern _____

- Hispanic/ Latino
 - Mexican/Mexican American
 - Argentinean
 - Bolivian
 - Brazilian
 - Chilean
 - Colombian
 - Costa Rican
 - Cuban
 - Dominican
 - Ecuadorian
 - Salvadorian
 - Guatemalan
 - Honduran
 - Nicaraguan
 - Panamanian
 - Paraguayan
 - Peruvian
 - Uruguayan
 - Venezuelan
 - Puerto Rican
 - Other Latin group _____

Other Race/Ethnicity _____

Primary language spoken: _____

Mentor Responses

Why do you want to be a mentor? What could young men gain from your mentorship? (Please respond in essay format, use the back of this page if you need to.)

Please explain your skills, experience, or qualifications in working with young men between the ages of 14-20.

Personal References Please list the name, address and telephone number of two people you have known for at least 3 years. We will be contacting each reference, please notify them in advance.

1. Name: _____
Address: _____
Phone: _____ Relationship: _____ Years Known: _____

2. Name _____
Address: _____
Phone: _____ Relationship: _____ Years Known: _____

BMoC Contact Information:

Please email, mail or fax completed registration form to:

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Project Coordinator
Sacramento Building Healthy Communities
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