

State of New Jersey

COMMISSION ON HIGHER EDUCATION P.O. Box 542 TRENTON NJ 08625-0542 TELEPHONE: (609) 292-4310 FAX: (609) 292-7225

E-MAIL: nj_che@che.state.nj.us
WEB SITE: www.state.nj.us/highereducation

LAURENCE M. DOWNES

Chairman

Dear Potential NJ GEAR UP Mentor:

JON S. CORZINE

Governor

Thank you for expressing interest in becoming a NJ GEAR UP mentor. NJ GEAR UP (Gaining Early Awareness and Readiness for Undergraduate Programs) provides educational support and assistance to middle and high school students to help them prepare for and enroll in college. Mentoring is an integral part of the program, allowing college students to share the benefits of attending college with NJ GEAR UP students in Jersey City, Newark, Camden, Paterson and Trenton.

The recruitment, selection, and training process will include the following steps:

- 1. **Application--**Interested candidates must complete the attached application or complete the form online at *http://www.state.nj.us/highereducation/mentors/mentor-application.htm*.
- 2. **Background check**--Applicants must complete the attached blue New Jersey SBI 212B form so that a state background check can be performed.
- 3. **Interview**--Selected applicants will be called for individual interviews.
- 4. **Training**--Applicants who are accepted into the program must attend a training session.

The emphasis of NJ GEAR UP is primarily academic; therefore, your grade point average may be considered in the selection process. Mentors should be able to demonstrate the importance of academic performance to NJ GEAR UP students.

I encourage you to share this opportunity with friends and other college students. Please feel free to contact me if you have any questions or concerns. Thank you for your interest.

Sincerely,

Errol Bruce NJ GEAR UP State Coordinator Phone (609) 341-3807 errol.bruce@che.state.nj.us

P.S. Remember, you can complete the application online at http://www.state.nj.us/highereducation/mentor-application.htm.



Please print or type.

| Part A: Personal Inform | nation | | | | |
|--|----------------------------|--------------------------|----------------|---------|--|
| Name: | | | | | |
| First Campus Address: | M | iddle Initial | Last | | |
| | | | | | |
| Campus Phone Number: | | Best time to cont | act you: | | |
| E-mail address: | | | | | |
| Permanent Address: | | | | | |
| Permanent Phone Number: | Can you be re- | ached at home? (Check of | one) □Yes □ No | | |
| Social Security Number: | Driver's | License Number: | | | |
| Date of birth: Gender: (Check one) | | | | | |
| Are you employed? (Check one) □ | Yes □No How many | hours per week are you w | vorking? | _ | |
| Employer's Name: | | | | | |
| Employer's Address: | | | | | |
| | | | | | |
| | | | | | |
| Part B: Academic Infor | | | | | |
| University or College: | | | | | |
| Tumber of Credits completed: Cumulative G.P.A: | | | | | |
| Major: Minor: | | | | | |
| Year in college: (Check one) | □Freshman | \Box Sophomore | □Junior | □Senior | |
| Have you participated in the EOF (Ed | ucational Opportunity Fund | d) program? (Check one) | □Yes □N | 0 | |
| If yes, at what institution? | | | | | |

| Part C: | Mentoring Pr | eferences | | | | | |
|---|---|-------------|-----------|---------|----------|----------|--|
| Indicate your age group preference: (Check one or more) \Box 12-13 \Box 14-15 \Box 16-18 \Box Does not matter | | | | | | | |
| Indicate the geographical area in which you are available to mentor: (Check one or more) □Trenton □Jersey City □Camden □Newark □Paterson | | | | | on | | |
| Do you need tra | Do you need transportation to attend mentoring events? (Check one) □Yes □No | | | | | | |
| Days/Hours A | vailable | | | | | | |
| What month are | e you available to sta | nrt? | | | | | |
| Is your schedul | e flexible? | (Check one) |]Yes □No | | | | |
| Write in the tim | Write in the times you are available (e.g., 10-12 a.m., after 2 p.m.). | | | | | | |
| Day | January | February | March | April | May | June | |
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| Saturday | | | | | | | |
| Day | July | August | September | October | November | December | |
| Monday | July | nugust | September | October | November | December | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| • | | | | | | | |
| Friday | | | | | | | |

| Part D: | Volunteer Experience | |
|---------------------------------|---|--|
| | been a mentor? (Check one) | |
| | | |
| Have you had Please explain | volunteer or work experience with youth? (Check one) □Yes □No . | |
| What other vo | lunteer experience have you had? | |
| | | |
| Part E: | Interests and Special Skills | |
| Are you involve Please describe | yed in any extracurricular activities on your campus? (Check one) □Yes □No e. | |
| | | |
| What are your | special skills (e.g., computer, math, leadership)? | |
| | | |
| What are your | interests (e.g., photography, music, hiking, theater, sports)? | |
| | | |
| What are your | career goals? | |
| | | |
| Please indicate | e any language other than English in which you are fluent: | |

| Part | t F: Background | di |
|-----------|---|---|
| | you ever had an alcohol or s, please explain. | drug abuse problem? (Check one) □Yes □No |
| | | |
| | you ever been convicted of s, please explain. | f an offense other than a minor traffic infraction? (Check one) □Yes □No |
| Part | t G: References | |
| List t | wo references who have kno selor, employer). Please do | own you for more than one year who can provide a personal reference (e.g., teacher, college not use your relatives. |
| 1. | Name: | Years known: |
| | Address: | |
| | City: | State: Zip: |
| | Phone number: | Relationship to you: |
| 2. | Name: | Years known: |
| | Address: | |
| | City: | State: Zip: |
| | Phone number: | Relationship to you: |
| Part | t U. Vous Doogo | ons for Becoming a NJ GEAR UP Mentor |
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| wny —— | do you want to become a N | J GEAR UP mentor? |
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| What do you think you can bring to the mentoring relationship? | | | | | | |
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As a NJ GEAR UP mentor, I agree to the following conditions:

- To undergo a criminal background check.
- To spend five hours per week with NJ GEAR UP students.
- To make an initial six-month commitment.
- To work with NJ GEAR UP students under supervised conditions at all times until given permission to do otherwise.
- To participate in NJ GEAR UP scheduled activities with NJ GEAR UP students.
- To work with NJ GEAR UP students during a probationary period until the criminal background check is completed.
- To understand that I can be dismissed if the criminal background check reveals a criminal offense that can adversely affect the program or NJ GEAR UP students.
- To ask for assistance when I need help with the mentoring relationships.
- To work closely and cooperatively with NJ GEAR UP staff members during all phases of the program.
- To notify NJ GEAR UP staff members and NJ GEAR UP students when I am unable to keep my weekly commitments.
- To be on time for scheduled events.
- To attend training sessions.
- To maintain a good academic standing.

| I do hereby understand and agree to the above confidential. | commitments and responsibilities. I further understand all information will be ke | pt |
|---|---|----|
| Signature | Date | |
| Where did you hear about the NJ GEAR UP ment | oring opportunity? | |

Thank you very much for your interest in becoming a NJ GEAR UP mentor. We appreciate your thoughtful attention to these questions, and we will schedule an interview with you if your application is accepted. Applicants not selected will be notified by mail. We regret that we cannot guarantee placement of all applicants.

Please mail the completed application to:

Errol Bruce GEAR UP State Coordinator NJ Commission on Higher Education P.O. Box 542 Trenton, NJ 08625-0542 Fax (609) 292-7225

Administered by the New Jersey Commission on Higher Education Funded by the United States Department of Education

Program sites at Mercer County Community College, New Jersey City University,
Rowan University, Passaic County Community College, and the Consortium (New Jersey Institute of Technology,
Rutgers University-Newark, and University of Medicine and Dentistry of NJ)