



State of New Jersey
NEW JERSEY HIGHER EDUCATION

PHIL MURPHY
GOVERNOR

SHEILA OLIVER
LT. GOVERNOR

P.O. Box 542
TRENTON NJ 08625-0542
TELEPHONE: (609) 292-4310
FAX: (609) 292-7225
E-MAIL: njhe@njhe.state.nj.us
WEB SITE: www.state.nj.us/highereducation

BRIAN BRIDGES
SECRETARY OF HIGHER EDUCATION

Dear Potential NJ GEAR UP Mentor:

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 Atlantic City, Pleasantville, Jersey City, Newark, Bridgeton, Camden, Paterson, Trenton and Penns Grove-Carneys Point.

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 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 training sessions.

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 Director
Phone (609) 341-3807
errol.bruce@oshe.nj.gov

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



NJ GEAR UP Mentor Application

Please print or type.

Part A: Personal Information

Name: _____
First Middle Initial Last

Campus Address: _____

Campus Phone Number: _____ Best time to contact you: _____

E-mail address: _____

Permanent Address: _____

Permanent Phone Number: _____ Can you be reached at home? (Check one) Yes No

Social Security Number: _____ Driver's License Number: _____

Date of birth: _____ Gender: (Check one) Male Female

Are you employed? (Check one) Yes No How many hours per week are you working? _____

Employer's Name: _____

Employer's Address: _____

Part B: Academic Information

University or College: _____

Number of Credits completed: _____ Cumulative G.P.A.: _____

Major: _____ Minor: _____

Year in college: (Check one) Freshman Sophomore Junior Senior

Have you participated in the EOF (Educational Opportunity Fund) program? (Check one) Yes No

If yes, at what institution? _____

Part C: Mentoring Preferences

Indicate your age group preference: (Check one or more)

- 12-13
 14-15
 16-18
 Does not matter

Indicate the geographical area in which you are available to mentor: (Check one or more)

- Trenton
 Jersey City
 Camden
 Atlantic City/Pleasantville
 Newark
 Paterson
 Bridgeton
 Penns Grove-Carneys Point

Do you need transportation to attend mentoring events? (Check one) Yes No

Days/Hours Available

What month are you available to start? _____

Is your schedule flexible? (Check one) Yes No

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						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Part D: Volunteer Experience

Have you ever been a mentor? (Check one) Yes No
If yes, please describe your experience.

Have you had volunteer or work experience with youth? (Check one) Yes No
Please explain.

What other volunteer experience have you had?

Part E: Interests and Special Skills

Are you involved in any extracurricular activities on your campus? (Check one) Yes No
Please describe.

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 any language other than English in which you are fluent: _____

Part F: Background

Have you ever had an alcohol or drug abuse problem? (Check one) Yes No
If yes, please explain.

Have you ever been convicted of an offense other than a minor traffic infraction? (Check one) Yes No
If yes, please explain.

Part G: References

List two references who have known you for more than one year who can provide a personal reference (e.g., teacher, college counselor, employer). Please do 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 H: Your Reasons for Becoming a NJ GEAR UP Mentor

Why do you want to become a NJ GEAR UP mentor?

What do you think you can bring to the mentoring relationship?

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 commitments and responsibilities. I further understand all information will be kept confidential.

Signature

Date

Where did you hear about the NJ GEAR UP mentoring 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 or email the completed application to:

Yasmin Robinson
GEAR UP State Program Specialist
NJ Higher Education
P.O. Box 542
Trenton, NJ 08625-0542
Fax (609) 292-7225
yasmin.robinson@oshe.nj.gov

*Administered by the Office of the Secretary of Higher Education
Funded by the United States Department of Education*

*Program sites at New Jersey City University, New Jersey Institute of Technology, Passaic County Community College,
Rowan University, Salem Community College and Stockton University Atlantic City Campus*