STEM Coach Application



Personal Information

Legal Name:				
Last	First	Mide	dle	
te of Birth:/ / Gender: 🗆 Male 🗖 Female				
Home Phone:	_ Cell Phone	2:		_
E-mail Address:				_
Driver's License #:	Sta	te:		
Address: Street		City		State
How long have you lived at this address?		_Years	Mont	hs
Emergency Contact:				
Name	Relation		Phone	
Employment Background				
Occupation:	Employer:			
Supervisor's Name:				
Address:				
				State
How long have been employed with this	company?	Years	Months	
If employed with this company for less th	nan two years	, please list pr	ior employee(s)	below.
My work and/or experience involves scie				

□ Yes □ No

Mentor Motivations

How did you hear about STARBASE 2.0? _____

What days of the week are you available to mentor?

Can you commit to four hours per month to be part of a mentoring team?

🗆 Yes 🗖 No

Do you have any constraints on your time?

□ Yes □ No

If yes, please explain: _____

What are some of your skills and expertise? Please check all that apply.

Activities		
Volunteering	Grant writing	
Teaching	Accounting	
Coaching	Marketing	
Website design	Public relations	
Website maintenance	Human resources	
Mentoring	Training	
Creating curriculum	Mailings	
Getting in-kind donations	Fundraising	
Event planning	Science	

References

Please list the complete information for three personal and/or professional references who have known you for at least two years.

Name	Relation	Telephone Number

Background Check

Have you ever had a conviction, suspended sentence, diversion agreement, or other judgement against you for any matter listed below? Your answers should include any matter resolved on a plea of guilty or nolo contendere (no contest) and any matter expunged, annulled, or sealed.

Any felony or misdemeanor?	🗆 Yes 🗆 No
Any municipal ordinance violation?	🗆 Yes 🗆 No
Any DUI/DWI?	🗆 Yes 🗖 No
Is your driver's license currently suspended?	□ Yes □ No

Are there any felonies, misdemeanors, municipal charges currently pending against you or

are you currently out on bail or on your own recognizance awaiting trial?

Have there been any allegations, complaints, or reports regarding your involvement in child

abuse or neglect (either confirmed or denied)?
Yes
No

If you answered yes to any of the questions above, please explain in writing below. Acknowledgement does not necessarily prohibit involvement in the program. Your honesty is appreciated. In case of an emergency, I give authorization for medical treatment and care necessary to correct the injury or illness. This treatment may include my transportation to a medical facility. I agree the cost of such medical care is my responsibility.

Release of Liability

• I understand that I am committing to participation in STARBASE Advanced during the academic school year until the end of the competition season and/or program wrap-up.

• I agree and promise to hold completely harmless and totally indemnify STARBASE Idaho, the Idaho National Guard, and those acting under its permission and upon its authority for any and all losses or damage to property or bodily injury or death.

• I grant permission for my image to be used in photography and video for promotional and advertising purposes, and I waive any monetary or other rights that I may have in connection with such photography.

Applicant Signature:	Date: