



Supreme Athlete: Sports Mentoring Program

Our Mission

Supreme Athlete mission is to serve communities by reaching and teaching our youth through academics and athletics. Our work focuses on the academic, social, and athletic development of our youth

What is youth mentoring?

Mentoring occurs when an older individual engages in building a healthy, trusting relationship with a younger person. Mentors provide support, guidance, friendship, role modeling, assistance, and an attentive ear. Informal (or non-structured) mentoring takes place in all type of youth programs and services. Teachers, coaches, tutors, counselors, scout leaders, other professionals, and even family members all regularly provide mentoring to young people. Such contact may be valuable and it may be “mentoring” but it is not always a “mentoring program.”

Our purpose

Our vision is to have a comprehensive mentoring program, which includes Football, Basketball, Track, Boxing, and Academic support. SA will sponsor our youths who compete in statewide competitions as well as national competitions in age groups served. SA will assist our students' transition throughout each level of education from elementary to college and to the professional level. We believe a well-developed youngster will lead itself to a prosperous nation; therefore we invest fully in the cultivating process of our children. We will devote time and attention in our future Engineers, Lawyers, Teachers, Scientists, Social Workers, and Athletes.



Supreme Athlete Mentoring Program

Internship Application

Personal Information

Name: _____ Date: _____

Date of Birth ___/___/___ Gender: Male Female

Home Address: _____

Email: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email Address: _____

Education (most recent): _____

Name & Location: _____

Graduation Date: _____

Scholastic Honors/Rewards:

Degree(s) program _____

Current GPA: _____

Are you requesting that your college grant you credit hours for your internship? Yes No

Dates available to perform internship: _____

Employment History *(Include paid, volunteer or internship positions)*

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Dates of Employment: _____ to _____ (Month & Year)
Employer:

Street Address:

Phone: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title:

Job Duties/ Responsibilities:

Dates of Employment: _____ to _____ (Month & Year)
Employer:

Street Address:

Phone: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title:

Job Duties/ Responsibilities:

References

Name: _____ Telephone Number: _____

School/
Company_____

Relationship:

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How long have you known this person? _____

Name_____ Telephone Number:_____

School/Company_____

Relationship:

How long have you known this person? _____

Name: _____ Telephone Number: _____

School/Company_____

Relationship:

How long have you known this person? _____



**Supreme Athlete Mentoring Program
Information Release**

I, _____, understand it will be necessary for Supreme Athlete Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Supreme Athlete to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for Supreme Athlete to conduct the same investigation of my background in previous states in which I have resided.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature _____ Date _____

Print Full Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____

Current Driver's License No. _____ State: _____



**Supreme Athlete Mentoring Program
Mentor Interest Survey**

Name: _____ Date: _____

Please complete all the following. This survey will help Supreme Athlete Mentoring Program know more about you and your interests.

What are the most convenient times for you? Please check all that apply.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends:

Other: ___

Please indicate age group(s) you are interested in working with:

Age: 9-12 ___ 13-16 ___ 17-19 ___

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals/ Pets	<input type="checkbox"/>	Painting/ Photos	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of strong interest:

