



**Thursdays Network**  
Greater Washington Urban League

*Empowering Communities.  
Changing Lives.*

## **The I EMPOWER Education Enhancement Program (IEEEP)**

### **Kindergarten through 6<sup>th</sup> Grade Mentor – Tutorial Program**

The **I EMPOWER Education Enhancement Program (IEEEP)** is a mentor and tutorial program sponsored by the Greater Washington Urban League's young professionals auxiliary, Thursdays Network. This initiative was established to provide students an opportunity for a positive and enriching relationship with an adult professional.

Mentors will provide needed assistance to the local community by influencing a student's life through exposure to a broad array of life experiences and perspectives.

Volunteers will participate in the program from October 2008 to June 2009 (excluding student breaks). The program will be conducted Wednesday evenings from 6:15 to 7:30 p.m. and one Saturday per month for a cultural field trip. Each mentor will be paired to a student, tasked with helping their student with homework, as well as assist in coordination of activities related to the program's theme of **"Literacy: Skills for a Successful Life."** Examples of other activities include:

- *Back to School Kick-Off (October 2008)*
- *Winter Holiday Celebration (December 2008)*
- *Back to School Kick-Off (January 2009)*
- *Black History Month Program (February 2009)*
- *Graduation Program (June 2009)*

For more information or to express interest in making a difference in a student's life, please contact Nadia Tyme at [IEEEP@ThursdaysNetwork.org](mailto:IEEEP@ThursdaysNetwork.org) or (240) 401-3714.

Greater Washington Urban League's Education Services Division  
Thursdays Network | 2901 14 Street NW | Washington, DC 20009

[www.ThursdaysNetwork.org](http://www.ThursdaysNetwork.org)



## The I EMPOWER Education Enhancement Program (IEEEP)

### Volunteer-Mentor Application

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

How do you prefer to be contacted by Thursdays Network?

Email  Home Phone  Work Phone  Cell Phone

#### Employer Information

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Profession / Industry: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Occupation: \_\_\_\_\_  
(if full time student or self-employed, please indicate)

Do you have any physical limitation? (Check one)  Yes  No

If so, please explain: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_



# The I EMPOWER Education Enhancement Program (IEEEP)

## Volunteer-Mentor Application

### Education

Please list all schools after high school that you have attended, including trade or professional schools, military training, and employment training programs.

Name of School (List most recent first)	Location (City / State)	Major Area of Study	Type of Degree	Date Received or Expected

Have you mentored before? (If yes, please indicate the organization involved or explain)

\_\_\_\_\_ No      \_\_\_\_\_ Yes      \_\_\_\_\_

### Experience with youth

While prior experience working with youth is not a prerequisite for participating in this program, it helps us better understand the capacity in which you might be most comfortable.

Have you ever worked with youth:      \_\_\_\_\_ No      \_\_\_\_\_ Yes

If yes, please indicate the age range that you worked with, and the length of time (duration):

\_\_\_\_\_ Elementary (Grades K-5)      Duration: \_\_\_\_\_

\_\_\_\_\_ Middle School (Grades 6-8)      Duration: \_\_\_\_\_

\_\_\_\_\_ High School (Grades 9-12)      Duration: \_\_\_\_\_



# The I EMPOWER Education Enhancement Program (IEEEP)

## Volunteer-Mentor Application

**Please provide two character references.**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\* In order to ensure the safety of the student participants of this program, references will be checked in addition to a check on the National Sex Offenders Registry. \*\*\*

### **Certification**

**I certify that all of the information I have provided is true and complete to the best of my knowledge.**

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for expressing interest in volunteering for Thursdays Network's I EMPOWER Education Enhancement Program.

Please complete this application form in its entirety as an email attachment to Nadia Tyme at [IEEEP@ThursdaysNetwork.org](mailto:IEEEP@ThursdaysNetwork.org).