



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MENTOR APPLICATION

<u>First Name</u>	<u>Last Name</u>	<u>Middle Name</u>
<u>Street Address</u>	<u>City, State, Zip Code</u>	<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female
<u>Home Phone</u>	<u>Mobile Phone</u>	<u>E-mail Address</u>
<u>Social Security Number</u>	<u>Birth Date</u>	

Indicate grade preference:

- Elementary
- Jr. High/Middle School
- High School

What are some of your strengths that can contribute to the mentoring program?

Why have you chosen to participate in the mentoring program?

Initial the two statements below to agree:

____ I understand the mentoring program requires a minimum of two hours each week for the academic year.

____ I understand that I am required to complete the orientation and a minimum of six hours of training during the year.

In the last ten years, have you been convicted of any felonies, misdemeanors, or an offense of public indecency or a violation involving state/federally controlled substance?

- No
- Yes _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please select your Educational Background:

- Some High School
- High School Graduate
- Some College
- Other (please explain)
- Graduate/Professional School
- Technical School
- College Graduate

Please indicate times when you are available to volunteer

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
<u>AM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>
<u>PM</u>	<u>PM</u>	<u>PM</u>	<u>PM</u>	<u>PM</u>	<u>PM</u>	<u>PM</u>

Please list four references (include one family member, one personal friend and one work reference.)

Reference 1		Reference 2	
Name		Name	
Address		Address	
City	State & Zip Code	City	State & Zip Code
Phone Number		Phone Number	
Relationship		Relationship	



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Reference 3		Reference 4	
Name		Name	
Address		Address	
City	State & Zip Code	City	State & Zip Code
Phone Number		Phone Number	
Relationship		Relationship	

By signing this application, you agree to a criminal background check. In addition, you certify to the best of your abilities that the information provided on this application is true and accurate. You also understand that any misinformation on this application is acceptable grounds for dismissal.

Signature

Date



Optional Information:

1.) What age do you prefer to work with?

- Ages 5-8 (Kindergarden-3rd)
- Age 9 (Grade 4)
- Age 10 (Grade 5)
- Age 11 (Grade 6)

2.) Do you prefer to work with a Boy Girl No preference

3.) Would you rather work with a quiet or outgoing child? Quiet Outgoing No preference

4.) Do you prefer to work with a child from a specific racial/ethnic group? Yes No

If yes, please specify: _____ No preference

5.) If you speak a foreign language, what is it? _____

6.) List any hobbies you have

7.) List any clubs, groups, or organizations you belong to:

8.) Favorite subject in school: _____

9.) Least favorite subject in school: _____

10.) Place an X by the activities you enjoy the most:

- ___ Playing sports such as _____
- ___ Watching sports such as _____
- ___ Writing _____
- ___ Reading _____
- ___ Listening to music such as _____
- ___ Photography _____
- ___ Attending plays _____
- ___ Going to the movies _____
- ___ Arts & Crafts _____
- ___ Visiting Zoos & Parks _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

- ___ Visiting Museums
- ___ Using Computers
- ___ Playing Games
- ___ Cooking
- ___ Exploring possible careers
- ___ Hiking
- ___ Other _____

11.) What qualities would you like in your assigned child?

12.) What individual has served as a role model for you? Why?

13.) If you could recommend one book for your assigned child, what would it be?
