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| **MENTOR APPLICATION** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Middle Initial** | | **Last Name** | | | | | **Date** | |
|  |  | |  | | | | |  | |
| **Home Address** | | | | | **City** | | **State** | | **ZIP** |
|  | | | | |  | |  | |  |
| **Home Telephone Number** | | **Mobile Telephone Number** | | | | **Work Telephone Number** | | | |
|  | |  | | | |  | | | |
| **Email Address** | | | | **Alternate Email Address** | | | | | |
|  | | | |  | | | | | |
| **Employer** | | | | | | | | | |
|  | | | | | | | | | |
| **Job Title** | | **Length of Employment** | | | | **Supervisor Name** | | | |
|  | |  | | | |  | | | |

Have you ever been convicted of a crime? YES NO

If yes, please explain: \_ Do you object to our agency running a background check on you? YES NO

Why do you want to be a mentor?

Can you meet with youth as often as our program requires? YES NO

**What times can you meet with your mentees?** (Circle All That Apply)

During Lunch  After School  After 5:00 pm  Weekends  Regular Business Hours

Do you have any hobbies, special skills, or career knowledge?

Would you prefer to be matched to youth with a particular career interest, gender, or other attribute?

Do you have experience working with youth and/or youth with disabilities?

**References**

**Please list the names, addresses, and phone numbers of three people you would like to use as character references** (please list only people you have known for at least a year)**.**

Reference 1

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship** |  |
| **Address** |  |
| **Telephone** |  |

Reference 2

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship** |  |
| **Address** |  |
| **Telephone** |  |

Reference 3

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship** |  |
| **Address** |  |
| **Telephone** |  |

Please read this carefully before signing:

Our program appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and conduct a federal and state criminal records check.

I have read and understood the program’s rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment set forth by the program.