

## Mentor Application

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Social Sec. #: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

### Employment History

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.

Employer: \_\_\_\_\_

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

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

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

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Employer: \_\_\_\_\_

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

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

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

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Employer: \_\_\_\_\_

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

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

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

### **Application Questions**

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Can you commit to participate in the Center of Attention mentoring program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.
6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.

7. How would you describe yourself as a person?
8. How would your friends, family, and co-workers describe you?
9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
10. Have you ever used illegal drugs? If so, what substances were used and how often?
11. Are you currently using any illegal drugs or controlled substances?
12. Do you drink alcoholic beverages? If so, what and how often?
13. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?
14. Do you use tobacco products? If so, what and how often?
15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
19. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?
20. Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched?

**Please read this carefully before signing:**

COA Mentoring Program appreciates your interest in becoming a mentor. Please

initial each of the following:

\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I understand that New Insights Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ (optional) I agree to allow New Insights Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- DMV Release Form (state agency form)
- Criminal History Release Form (state agency form)
- Child Abuse and Neglect Release Form (state agency form)
- Sexual Offender Release Form (state agency form)

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

## Information Release

I, \_\_\_\_\_, understand it will be necessary for Center of Attention Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Center Of Attention 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 Center of Attention to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

\_\_\_\_\_  
Signature Date

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Current Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Please list any other cities, states, and dates of residency during the past 10 years.

_____	_____	_____	_____
City.	State	From (m/year)	To (m/year)
_____	_____	_____	_____
City.	State	From (m/year)	To (m/year)
_____	_____	_____	_____
City.	State	From (m/year)	To (m/year)
_____	_____	_____	_____
City.	State	From (m/year)	To (m/year)

## Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information Center of Attention Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

## Mentor Interest Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete all the following. This survey will help Center of Attention Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays: \_\_\_\_\_ Lunchtime: \_\_\_\_\_ After school: \_\_\_\_\_ Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_  
Other: \_\_\_\_\_

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

Age: \_\_\_\_\_ 11-14 \_\_\_\_\_ 15-18 \_\_\_\_\_ 19-21                      Ethnicity: \_\_\_\_\_

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. \_\_\_\_\_

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Content Creator/ Photographer/ Videographer	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	Science	<input type="checkbox"/>	Travel Agent	<input type="checkbox"/>	Health & Fitness
<input type="checkbox"/>	College Prep	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Music	<input type="checkbox"/>	Media Artist	<input type="checkbox"/>	Beauty/ Cosmetics & Personal Care

List any other areas of strong interest: