

MENTOR APPLICATION / INFORMATION

(PLEASE PRINT)

Last Name _____ First Name _____ Middle Initial _____

Address _____ City/State/Zip _____

Home Phone _____ (Best time to call) _____

Cell Phone _____ Email _____

Work Phone _____ (Best time to call) _____

If necessary, do we have your permission to contact you at work? Yes No

Birth date _____(MM/DD/YR) Gender: Male Female

Race _____ Social Security #: _____ - _____ - _____

Marital Status: Single Married Divorced Separated Widowed

Do you have children? No Yes If yes, what are their ages? _____

If yes, do your children live with you? Yes No

Currently employed? Yes No Occupation/Title: _____

Current Employer _____ Phone _____

Professional experience working with youth: _____

Volunteer experience working with youth: _____

List any volunteer commitments you presently have: _____

Highest education completed: _____ Where: _____
City/State

Degree(s): _____ Major field of study: _____

_____ Major field of study: _____

_____ Major field of study: _____

Certificate(s): _____ Certifying agency: _____

Training experience: _____

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Please supply the following information. Relationships should reflect at least 2 years.

Two Professional References:

Name _____ Title _____

Company name _____ Phone _____

Name _____ Title _____

Company name _____ Phone _____

Two Personal References:

Name _____ Phone _____ Years known _____

One Volunteer Reference (if you've ever done any volunteer service)

Name _____ Phone _____

Organization _____ Duties _____

If in the past 10 years you have been in therapy, counseling, or rehabilitation of any kind, please explain: _____

If presently in therapy, counseling or rehabilitation, are you experiencing success? If yes, please explain: _____

If no, please explain: _____

Why do you want to be a volunteer mentor? _____

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Describe areas of special interest/hobbies/areas of expertise (specifically in the areas of group facilitation, mediation and negotiation) _____

Do you have any medical conditions that would limit your participation as a mentor? Yes No

If yes, please explain: _____

Emergency Contact Person:

Name: _____ Relationship _____
Home Phone _____ Other Phone _____

Your agreement includes attending the 2 ½ days of Mentor Training.

I will attend the Mentor Training Yes No

I agree to be at the training at the agreed upon times for the 2 ½ days. _____
Please initial here

Personal Essay Questions

Please answer the following questions either on the back of this sheet or on a separate sheet of paper. If using a separate sheet, please attach it to this form.

1. What were some childhood experiences you had that would help you to relate/share with your mentee?
2. During your youth, were you ever in a gang, or affected by gang activity?
3. How can your life experiences enhance your mentor/mentee relationship?
4. Briefly describe what "mentoring" means to you?
5. What do you hope to accomplish for *yourself* as a result of the mentoring experience?

MENTOR APPLICATION - BACKGROUND RECORDS CHECK – (Please Print)

IF YOU HAVE A PAST HISTORY, WHICH IS LESS THAN PERFECT, IT DOES NOT AUTOMATICALLY DISQUALIFY YOUR APPLICATION. PLEASE ANSWER ALL QUESTIONS.

Have you ever been arrested? Yes No If yes please explain: _____

Age(s) at time of arrest(s): _____

Have you ever been convicted of a felony? Yes No Charges dropped/date? _____

If yes please explain: _____

Are you currently on parole/probation? Yes No

If so, please give parole officer's name, address and phone #:

I have not had charges of domestic abuse brought against me in the last 10 years. Yes No

Have child neglect or abuse charges been brought against you? Yes No

Have you been convicted of a crime in the past 10 years? Yes No

Are you a registered sex offender in any state? Yes No State: _____

Have you had any past or present problems with drugs or alcohol? Yes No

If yes, please explain: _____

If you own an auto, please provide a copy of your driver's license and proof of auto insurance.

Auto Insurance Carrier: _____

Policy #: _____ Expiration Date: _____

Have you been convicted for driving under the influence in the past 10 years (DUI)? Yes No

If yes, please explain: _____

MENTOR APPLICATION - Authorization

Please read this carefully before signing and/or initialing where requested:

I have read and understand the program’s guidelines, regulations, and responsibilities for being a mentor. I agree to follow the guidelines of the program and be a committed mentor. We appreciate your interest in being a mentor. By signing below, you attest to the truthfulness of all information listed on this application.

I agree to the time commitment of one (1) face-to-face meeting with my mentee per week. I agree to have telephone contact with my mentee at least two (2) times per week. Yes No _____
Initial here

I hereby give Youth as Possibility Chicago (YAPC) my consent to conduct a complete background check, and do not object to YAPC checking with appropriate authorities [such as the Department of Justice, Federal Bureau of Investigation and the Illinois Department of Motor Vehicles] for matters of public record regarding my criminal background and history, to contact the aforementioned references, and to verify any and all information that I have provided. Yes No _____
Initial here

As a mentor to a youth, I agree to be committed and to participate to the best of my ability. I will honor confidential information regarding my mentee. I will be free of the influence of alcohol or illegal drugs when with my mentee on or off school grounds. I will inform the Program Director of any changes in my address and/or phone numbers. I will inform the Program Director in advance should I choose to no longer be a mentor. I declare that I have read and understand all of the information in this application and that all of my statements are true and accurate to the best of my knowledge.

Signature _____

Date _____

Print Name _____