

Empowering Youth Mentor Program: Mentor Application

SECTION ONE: GENERAL INFORMATION

Full Legal Name: _____ Date: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Date of Birth: _____

Alternate Contact: _____
This can be a cell, email, or person

SECTION TWO: EMPLOYMENT INFORMATION

Present Occupation: _____ Employer Name: _____

Title: _____ Dates of employment: From _____ to _____

Work phone: _____ Fax: _____ Email: _____

Name of Supervisor: _____ Title: _____

Past Occupation: _____ Employer Name: _____

Title: _____ Dates of employment: From _____ to _____

Work phone: _____ Fax: _____ Email: _____

Name of Supervisor: _____ Title: _____

SECTION THREE: Background Screening (this information will be kept confidential and secure)

Will you agree to have the EYMP check your background through federal and state agencies for criminal records and child abuse and neglect proceedings? Yes No

Social Security Number (Required for criminal records check): _____ - _____ - _____

Do you have a valid Driver's License? Yes No State Issued: _____

Date Issued: _____ Expiration Date: _____ Number: _____

Have you ever been convicted of a crime? _____ If "Yes", please explain: _____

REFERENCES

Please list the names, addresses, and phone numbers of two personal character references, plus one employer reference. Please list only nonrelatives you have known for at least a year.

Reference 1: Name: _____ Years Known: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____ Relationship: _____

Reference 2: Name: _____ Years Known: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____ Relationship: _____

Reference 3: Name: _____ Years Known: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____ Relationship: _____

SECTION FOUR: MENTORING INFORMATION

Why do you want to be a mentor? _____

Describe any previous experience volunteering, mentoring, or working with youth: _____

What do you hope to gain from the mentoring experience? _____

What do you hope your mentee gains from the mentoring experience? _____

What do you like to do in you leisure? _____

SECTION FOUR: MENTORING INFORMATION (CONT'D)

As a youth, did you have a mentor? What was successful and challenging about being mentored?

Will you commit to participate in the Empowering Youth Mentor Program for a minimum of one year from the time you are matched with a youth? Yes No

Are you available to meet or contact a youth weekly for a minimum of four hours per month? _____

Please explain any scheduling issues: _____

How would you describe yourself as a person? _____

How would your friends, family, and coworkers describe you? _____

Have you ever been arrested or convicted of a crime? If so, what were the circumstances? _____

Are you currently using any illegal drugs or controlled substances? _____

Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain. _____

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? _____

Are you willing to attend an initial mentor training session and at least one in-service training session per year after being matched? _____

All answers and statements are true and complete. Misleading, or omission of answers are cause for rejection of my application or my dismissal from the program.

Volunteer's Signature: _____ Date: _____