

MONROE COUNTY MENTORING PROGRAM

Creating Vision through Mentoring

Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

How long have you been living at this address? _____

If fewer than 5 years, please list all other addresses for the previous 5 years:

1. _____
2. _____
3. _____
4. _____
5. _____

Home phone: _____ Work phone: _____

Social Sec. #: _____

Date of Birth ___/___/___ Gender: Male Female

Do you currently have a valid unrestricted driver's license? Yes__ No__

Driver's license number: _____ State Issued: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

How did you hear about Monroe County Mentors? Check all those that apply:

- Flier or news Article
- Presentation: Where? _____
- Word of Mouth
- Referral: Who? _____

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: _____ Ok to call you at work? Yes___ No___

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

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. Have you ever been a mentor. If so, where and for how long?
2. Why do you want to become a mentor?
3. Do you have any previous experience volunteering or working with youth? If so, where and for how long?
4. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
5. What type of service would you like to provide?

Group Mentoring

One-to-One Mentoring

6. Can you commit to participate in the Monroe County Mentoring program for a minimum of one year (for one-to-one matches) from the time you are matched with a youth?
7. Are you available to meet with a mentee four hours per month (in one-to-one matches) and have contact at least once per week? Please explain any particular scheduling issues.
8. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
9. How would you describe yourself as a person?
10. How would your friends, family, and co-workers describe you?

11. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
12. Have you ever used illegal drugs? If so, what substances were used and how often?
13. Are you currently using any illegal drugs or controlled substances?
14. Do you drink alcoholic beverages? If so, what and how often?
15. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?
16. Do you use tobacco products? If so, what and how often?
17. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
18. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
19. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
20. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.

21. 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?

22. Are you willing to attend two mandatory mentor-training sessions?

Thank you for applying to the Monroe County Mentoring Program. We appreciate your interest in becoming a mentor!

Please return or mail this application and the items listed above to Mentoring Program Coordinator, Monroe County Mentoring Program., 120 East Chester., Monroe, MI 48162.

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Please read this carefully before signing:

Monroe County 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 Monroe County 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 Monroe County 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

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:

Please return or mail this application and the items listed above to Mentoring Program Coordinator, Monroe County Mentoring Program., 120 East Chester., Monroe, MI 48162.

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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 The Monroe County 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: _____

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Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help New Insights 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) and/or you are interested in working with:

Age : ___8-11 ___11-14 ___14-17 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"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of strong interest:

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