



MENTOR APPLICATION

Personal Information

Full Name		E-mail Address			
Address		Telephone Contacts:			
		Cell Phone			
		Home Phone			
		Business Phone			
Date of Birth		Gender		Male	Female

Family members living with you

Name	Gender	Age	Relationship to you

Employment

Employer		Business	
Job Title		Job Description	
Date Started	Years Employed		
Supervisor's name		Business Address	
Telephone			
Notes			



MENTOR APPLICATION

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.

Why do you want to become a Mentor?
Do you have any previous experience volunteering or working with youth? If so, please specify.
What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
Can you commit to participate in the Chance mentoring program for a minimum of one year from the time you are matched with a youth?
Are you available to meet or have meaningful contact with a student at least once per week? Please explain any scheduling issues.
Describe your general health. Are you currently under a physician's care or taking any medication? If so, please explain.
How would you describe yourself as a person?
How would your friends, family, and co-workers describe you?
How would your children describe you?
Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
Have you ever used or are currently using, illegal drugs? If so, what substances were used and how often?
Do you drink alcoholic beverages? If so, what and how often?
Have you ever been convicted of drinking while under the influence of alcohol? If so, when? Please explain



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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.

Do you use tobacco products? If so, what and how often?

Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.

Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.

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 mentor sessions before and after being matched?

Please read this carefully before signing:

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 The Chance Foundation Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to all The Chance Foundation 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
- Mentor Interest Form
- Current Police Record

By signing below, I attest to the truthfulness of all information listed on this application and agree to all of the above terms and conditions.

Signature

Date



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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 Chance Foundation Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name:

Address:

Phone: _____ Relationship: _____ How long known: _____

Name:

Address:

Phone: _____ Relationship: _____ How long known: _____

Name:

Address:

Phone: _____ Relationship: _____ How long known: _____
