



MENTOR APPLICATION

Personal Information:

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

SSN: ____ - ____ - ____ Date of Birth: ____ / ____ / ____ Gender: Male or Female

Emergency Contact: _____ Telephone: _____

Employment History:

Employer #1: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Date of Employment: _____ to _____

Position Held: _____

Employer #2: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Date of Employment: _____ to _____

Position Held: _____

Employer #3: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Date of Employment: _____ to _____

Position Held: _____

Additional Questions:

Why do you want to become a mentor?

Do you have any experience volunteering or working with youth? Please elaborate.

What qualities, skills, or other attributes do you possess which you feel would benefit a youth?

Can you commit to a minimum of one year, and contact the youth at least once per week?

Are you willing and able to attend training sessions?

Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding difficulties during your participation?

References (at least two unrelated)

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email: _____ Years Known: _____ Relation: _____

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email: _____ Years Known: _____ Relation: _____

MENTOR CONTRACT

Please read this entire document carefully before signing.

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

_____ I agree to a one year relationship with my mentee followed by 6 months of follow-up.

_____ I understand that the *Project Ready* program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ I agree to allow *Project Ready* to use any photographic images of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand that I must return the following, completed items, along with my application.

_____ Valid driver's license and proof of auto insurance

_____ 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 trustfulness of all information listed on this application and agree to all the above terms & conditions.

Printed Name

Signature