



MENTOR APPLICATION

Personal Information:

Name _____ Gender Male
 First Middle Last Female

Address _____
 Street City State ZIP

Birth Date _____

Social Security Number (for Criminal Background Check) _____

Home phone _____ Mobile phone _____

Name/address of employer _____

Work phone _____ Occupation _____

Volunteer Information:

1. Indicate your grade preference:
- Elementary
 - Jr. High/Middle School
 - High School

2. What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program?

3. Write a brief statement on why you have chosen to participate in the mentor program.



4. Please put an X by the activities you enjoy the most:

- | | | |
|--------------------------|----------------------------------|---|
| <input type="checkbox"/> | Playing sports such as _____ | |
| <input type="checkbox"/> | Watching sports such as _____ | |
| <input type="checkbox"/> | Listening to music such as _____ | |
| <input type="checkbox"/> | Photography | |
| <input type="checkbox"/> | Reading | <input type="checkbox"/> Writing |
| <input type="checkbox"/> | Attending plays | <input type="checkbox"/> Playing Games |
| <input type="checkbox"/> | Going to the movies | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> | Arts and crafts | <input type="checkbox"/> Career Exploration |
| <input type="checkbox"/> | Visiting zoos and parks | <input type="checkbox"/> Hiking/Seeing Nature |
| <input type="checkbox"/> | Visiting museums | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> | Using computers | _____ |

5. Initial the two statements below:

_____ I understand that the mentor program involves participation on alternating Wednesday evenings from 6:30-8:30 p.m.

_____ I understand that I will be required to complete 12 hours of initial training and 12 hours of additional training from Samaritan House staff.

6. Yes No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

7. Yes No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #5?

8. If the answer is YES to questions 5 or 6, please explain below:

9. Educational Background (mark one):

- | | |
|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Technical school |
| <input type="checkbox"/> Some college | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Other (please specify) _____ | |

Adapted from materials provided by Mentoring Partnership of Long Island, *The ABC's of Mentoring*, and California Governor's Mentoring Partnership.



10. Please list two references (please include at least one family member or personal friend and one work reference):

Name _____	Name _____
Address _____	Address _____
City _____ State/ZIP _____	City _____ State/ZIP _____
Phone number _____	Phone number _____
Relationship _____	Relationship _____

Name _____	Name _____
Address _____	Address _____
City _____ State/ZIP _____	City _____ State/ZIP _____
Phone number _____	Phone number _____
Relationship _____	Relationship _____

In making this application to be a volunteer, I understand that Samaritan House routinely performs criminal and driving record checks of all volunteers for the position of mentor for which I am applying. This check may be done on me if I sign below. If I fail to sign, it may be grounds for rejecting me as a mentor.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature

Date