



Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell Phone: _____ Email: _____

Social Sec. #: _____

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

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

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: _____

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: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

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

Position Held: _____

Mentor Applicant Questionnaire

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. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Can you commit to participate in the mentoring program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child eight hours per month and have contact at least twice per week? Please explain any particular scheduling issues.
6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
7. How would you describe yourself as a person?
8. How would your friends, family, and co-workers describe you?

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

10. Have you ever used illegal drugs? If so, what substances were used and how often?

11. Are you currently using any illegal drugs or controlled substances?

12. Do you drink alcoholic beverages? If so, what and how often?

13. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?

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

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

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

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

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

19. 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?

20. Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched?

21. Are you willing to attend one mentor/mentee recruiting function a year?

Please read this carefully before signing:

We appreciate 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 the 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 the mentoring program and its partners to use my likeness and voice in promotional or other related marketing materials in all forms of media now known and unknown in perpetuity through out the universe.

I understand I must return all of the following *completed* items during the screening process, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid California driver's license or identification card
- Information Release Form (Includes Release for Criminal History, Child Abuse and Neglect, and Sexual Offender)
- Mentor Interest Survey Form
- Mentor Oath of Confidentiality
- Personal References Form
- DMV Motor Vehicle Report and proof of auto insurance

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

Information Release

I, _____, understand it will be necessary for Peace4Kids to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Peace4Kids to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for Peace4Kids to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about me will be anonymously (without my name) shared with a prospective mentee(s), his/her parent(s)/guardian(s) and social workers working with my potential

mentees to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee, parent/guardian and clinical social workers to ensure and aid in facilitating a safe and successful match relationship.

Signature _____ Date _____

Full Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____

Social Security Number ____/____/____

Current Driver's License No. _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
_____ City	_____ State	_____ From (m/year)	_____ To (m/year)

Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help Peace4Kids know more about you and your interests and help us find a good match for you.

1. 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: ___

2. Please indicate age group(s) and/or you are interested in working with:

Age : ___ 5 – 8 ___ 9 – 11 ___ 11–14 ___ 15–18 ___ 19–21 Ethnicity: _____

3. Do you speak any languages other than English? If so, which languages?

4. What are some favorite things you like to do with other people?

5. What are your favorite subjects to read about?

6. What is your job and how did you choose this field?

7. What is one goal you have set for the future?

8. If you could learn something new, what would it be?

9. What person do you most admire and why?

10. Describe your ideal Saturday.

11. 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

12. List any other areas of strong interest:

Mentor Oath of Confidentiality

Peace4Kids strives to protect the confidentiality of all its participants and families. As match relationships develop, certain personal information about mentees may be disclosed to mentors as a means to aid in the understanding and development of that relationship.

To ensure the ongoing success of Peace4Kids, mentors are required to acknowledge, understand, and agree to the following:

1. As I participate as a mentor with the Peace4Kids, I will respect the organization's right to be presented in a positive and favorable manner to others. As a mentor, I am a responsible member of the Peace4Kids. If I have any problems or concerns, I will first approach the Program Supervisor for support and problem resolution.
2. I confirm and agree that any and all records and communication, written and verbal, direct and indirect, received by me as a mentor are strictly and absolutely confidential. I will not discuss any information concerning any mentee(s) or mentee family members with whom I am involved with either directly or indirectly, other than with authorized (those persons who by virtue of their responsibilities have an identified need to know) Peace4Kids personnel or designated consultants. Such discussions, as required, are to be carried out in the strictest of confidence.

3. I understand that any breach of confidentiality (except as stated in No.4 below) constitutes sufficient grounds for immediate termination of my mentor involvement with Peace4Kids.
4. I understand that discussions between mentors and mentees are considered confidential. However, the following instances do not fall under what is considered confidential and must be immediately reported:
 - When a mentee appears to be a danger to him/herself
 - When a mentee appears to be a danger to others
 - When a mentee reports child abuse
5. I agree to abide by and uphold any verbal directives from Peace4Kids staff and the written policies, office procedures of Peace4Kids.

I hereby acknowledge, understand and agree to fully comply with the above statements contained within the Peace4Kids Mentor Oath of Confidentiality Form.

Date: _____

Name (please print): _____

Signature: _____

Witness signature: _____

Personal References

Please list the names, addresses, and phone numbers of four people you would like to use as character references (only people you have known for at least a year). Include one relative and one business reference. Any information Peace4Kids 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: _____

Business Reference 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: _____