

# Mentor Application

## Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: Male or Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

## Personal References:

Please provide three personal references (other than family members):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

*Personal References continued:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Employment History:**

Please provide employment information for the last 3 employments, with the most recent position held first.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Title: \_\_\_\_\_

**Write a brief statement on why you wish to be a mentor:**

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**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. Do you have any previous experience volunteering or mentoring? If so, please specify.
2. What qualities, skills, or other attributes do you feel you have that would benefit a youth?
3. Describe special interest/hobbies that may be helpful in matching you with a mentee.
4. Can you commit to participate in regularly scheduled contacts with a youth for a minimum of 6 months?
5. Are you willing to participate in an initial mentor training session, communicate regularly with program staff, attend quarterly mentor meetings, and provide monthly information regarding mentoring activities during your participation in the mentoring program?

## Information Release

I, \_\_\_\_\_, understand that it will be necessary for the Cass County Juvenile Probation Department to conduct a background check regarding my driving record, criminal history and personal references.

I authorize the Cass County Juvenile Probation Department 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 purpose of participating in a mentoring program. Further, I provide permission for the Cass County Juvenile Probation Department to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee and his/her parent/guardian to aid in determining a suitable match. Once a mentoring match is determined, my identity may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name: \_\_\_\_\_

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: \_\_\_\_\_ Dates: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_

## Mentor Release Statement

I, \_\_\_\_\_, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the mentoring program. I understand that I will attend a training session, keep in regular contact with my mentee, communicate with director and probation officers regularly during this period and attend required quarterly mentoring support meetings.

*Please initial each of the following:*

\_\_\_\_\_ I have not been convicted of a misdemeanor or felony. I have not been convicted of an offense classified as an offense against a person or family, or public indecency, or a violation involving state or federally controlled substance.

\_\_\_\_\_ I hereby release, discharge, and hold harmless the mentoring program, participating organizations, and all forgoing employees, officers, directors, coordinators, and county officials from any and all liability, claims, causes of action, costs and expenses that may be or may at any time hereafter become attributed to my participation in the Mentoring for Youth Program.

\_\_\_\_\_ Mentors are expected to conduct the mentor/mentee relationship within the confines of the program's policies and the program does not encourage or approve of relationships established with mentees or the mentee's family beyond the established approved practices.

\_\_\_\_\_ The Director and Juvenile Probation Department have the final right of acceptance of applicant into the program and reserves the right to terminate a mentor from the program at any time.

I have read the Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

