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"The number one indicator of success for a child is a good relationship with a caring adult"
*--Fortune Magazine*

## MENTOR APPLICATION

**Name:** _____
(first) (middle) (last)

**Date of Birth:** _____ **Gender:** ___ Male ___ Female
(month) (day) (year)

**Race:** ☐ Caucasian ☐ African American ☐ Native American ☐ Asian ☐ Hispanic ☐ Other

**Home address:** _____
(street) (city / state / zip)

**Email:** _____ **Home phone:** _____ **Cell phone:** _____

**Employer: (if applicable)** _____ **Title:** _____

**Work address:** _____ **Work phone number:** _____
(street) (city / state / zip)

**Have you ever been convicted of a crime?** ☐ Yes ☐ No

**If yes, please explain** _____
_____

**Have you ever gone by any other name/s?** ☐ Yes ☐ No If yes, please list _____

## MENTORING INFORMATION

**What time period can you work with a child a week? (minutes)** ☐ 30 (minimum) ☐ 45 ☐ 60 (maximum)

Do you have any previous experience volunteering or working with youth? _____
What day and time works best for your schedule during the school day? _____
Please state any other strengths in academic skills: _____
Are you currently in any medication that might hinder your ability to work with children? _____

**Grade Level Preference:** (You may check more than one)

☐ Early Childhood Elementary: ☐ Kdg. ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

Middle: ☐ 6th ☐ 7th ☐ 8th High: ☐ 9th ☐ 10th ☐ 11th ☐ 12th

School Preference: _____ Second Preference: _____
*We will try to meet all school preferences, but this is not a guarantee.*

***Please read carefully before signing:***

Our program appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed in the application. You agree to let the mentoring program confirm all the information listed and to conduct a federal and state criminal background check.

I have read and understand the mentoring program rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor.

_____ ____/____/____
Signature of Applicant Date Signed Month Day Year