

## Community Connections Mentoring Mentor Information Form

Please complete the following information so that we are able to better pair you with a mentee.

### Personal Information:

Name:		Date:
Social Security Number:	Sex:	Marital Status:
Home Address:	Home Phone:	Cell Phone:
Do you regularly use email? YES            NO	Email Address:	

**Volunteer Eligibility:** *You must be able to answer YES to each of the following criteria in order to be eligible:*

- I'm at least 21 years old.
- I plan to commit to a minimum of one year working with my mentee.
- I can commit to regular contact with a child (4-8 hours a month)
- I am willing to maintain regular contact with Community Connections staff
- I am willing to participate in mentor training as my schedule permits and complete bi-yearly surveys on the mentoring program.
- I can provide my own transportation (access to a car, valid driver's license and able to provide proof of liability insurance)
- I understand that I will be fingerprinted, and undergo a background check prior to being matched with a child. (Background checks can take up to six weeks)

### Employment Information:

Employer (If retired, former employer):	Occupation:	How Long?
Immediate Supervisor:	Position:	
Work Address:	Work Phone Number:	

How did you hear about Community Connections Mentoring?

\_\_\_\_\_

Would you like to work with:      Boy            Girl            Doesn't Matter

What made you decide to become a mentor? \_\_\_\_\_

What do you especially like about young people? \_\_\_\_\_

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What experiences in your background will help you in communicating with young people?

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What strengths do you bring to the mentoring process? \_\_\_\_\_

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What are you expectations of a mentoring relationship?

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What times can you meet with your mentee?

**Before school    Lunch    After school    After 5    Weekends    Any time**

Do you have any guns and/or ammunition in your home or vehicle? \_\_\_\_\_no    \_\_\_\_\_yes  
(if yes, we will discuss safety precautions when we meet in person)

Do you have any medical conditions that would impact a relationship with a mentee?

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Please list any medications that you are currently taking:

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Have you ever been treated for any mental health concerns?                      YES                      NO

If you answered yes, please explain \_\_\_\_\_

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What kind of support are you looking for from the program?

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Have you ever been terminated from a volunteer position?                      Yes                      No

Are you involved in any church or community organizations, and if so, which ones?

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Are there any people you can recommend for us to contact to be potential mentors?

Name/Address/Ph: \_\_\_\_\_

Please list all member of your immediate household.

Name	Sex	Age	Relationship to applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please read this carefully before signing:**

By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check.

Please initial the following:

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

\_\_\_ I understand that Community Connections Mentoring Program is not obligated to provide a reason for a decision to reject me as a mentor.

\_\_\_ (optional) I agree to all Community Connections Mentoring to use any photographic image of me taken while participating in the mentoring program. These images may be used for promotions or related marketing materials.

If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment of 4 to 8 hours per month for a minimum of twelve months.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature) (Date)

**Car Insurance Policy**

To ensure the safety and security of our students, agents, employees, officers, members, or representatives we require all persons transporting persons within our group to have current car insurance. (You will be required to provide proof of insurance)

I, \_\_\_\_\_, a representative of Community Connections mentoring program agree to have current car insurance. I also agree to notify the program coordinator if my driving status or insurance changes, within 72 hours of the change.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature) (Date)

**Release of Information**

I, \_\_\_\_\_, understand that it will be necessary for Community Connections Mentoring Program to conduct a background check regarding my criminal history, personal references and employment.

I authorize them to obtain any needed information regarding my 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 Community Connections to conduct the same investigation of my background in previous state in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information may be shared with the mentee and the appropriate adults in his family in order to facilitate a safe and successful match.

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

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

_____	_____	_____	_____
City	State	from (m/yr)	To (m/yr)
_____	_____	_____	_____
City	State	from (m/yr)	To (m/yr)

## Mentor Interest Survey

Circle all activities you enjoy:

Art	Auto Repair	Wrestling	Chess
Basketball	Billiards/Pool	Bicycling	Computers
Camping	Canoeing/Boating	Bowling	Golf
Animals	Drama/Acting	Reading	Crafts
Gymnastics	Handball	Fishing	Eating
Judo	Sightseeing	Horseback Riding	Movies
Photography	Music	Dancing	Running
Sailing	Shopping	Rollerblading	Soccer
Swimming	Parks	Board Games	Water Skiing
Skateboarding	Tennis	Volleyball	Baseball
Spiritual	Volunteer Work	Cards	Gardening
Library	Video Games	Community Group Work	Other

List any other areas of special interest: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Which do you enjoy more? Indoor activities \_\_\_\_ Outdoor activities \_\_\_\_ No preference \_\_\_\_

What are some favorite things you like to do with other people? \_\_\_\_\_  
 \_\_\_\_\_

Describe your ideal Saturday \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Would you describe yourself as a person who enjoys:  
 \_\_\_\_ watching events or activities \_\_\_\_ actively participating in activities \_\_\_\_ both

How would you feel about mentoring a child whose culture, values, lifestyle or behaviors are different from yours? \_\_\_\_\_

List the types of things that “push your buttons” and how you deal with them.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any pets? \_\_\_\_ No \_\_\_\_ Yes (if yes, we will discuss during the in-person interview)

Being a mentor, there are some things you MAY encounter for which you will not be prepared. This information helps Community Connections staff to provide training in areas of greatest concern and to pair you with a youth within your comfort range. Here is a list of issues that you MAY encounter. Please score the following with the number which best fits your comfort level in coping with the potential concerns or issues:

- 1 – Would accept
- 2 – Would accept if training in this area was provided to me
- 3 – Would consider
- 4 - Would NOT be comfortable working with this issue

**A child who is or has an issue with...**

- |  |  |
|--|--|
| <input type="checkbox"/> Hyperactive/Talkative               | <input type="checkbox"/> Lacks confidence                  |
| <input type="checkbox"/> Quiet or shy                        | <input type="checkbox"/> Dresses differently/clothing fads |
| <input type="checkbox"/> Low activity level                  | <input type="checkbox"/> Physically challenged             |
| <input type="checkbox"/> Does not respect authority          | <input type="checkbox"/> Emotionally challenged            |
| <input type="checkbox"/> Experienced abuse                   | <input type="checkbox"/> Mentally challenged               |
| <input type="checkbox"/> Dishonest/Exaggerates the truth     | <input type="checkbox"/> Poor hygiene                      |
| <input type="checkbox"/> Lacks good manners                  | <input type="checkbox"/> Messy home                        |
| <input type="checkbox"/> Struggles with school               | <input type="checkbox"/> Lack of parental involvement      |
| <input type="checkbox"/> Problems with peer's                | <input type="checkbox"/> Chaotic family life               |
| <input type="checkbox"/> Problems with parent's              | <input type="checkbox"/> Extreme poverty                   |
| <input type="checkbox"/> Manipulation                        | <input type="checkbox"/> Court involvement                 |
| <input type="checkbox"/> Eating Disorders                    | <input type="checkbox"/> Parent unable to speak English    |
| <input type="checkbox"/> Absent parent                       | <input type="checkbox"/> Race that differs from your own   |
| <input type="checkbox"/> Religion that differs from your own |  |

## Reference List

Please provide the name, phone number, and address of three character references other than relatives. Reference feedback will be considered as a part of the application process. Thank you.

**Business Reference** Name of Business (current employer if employed, or last employer if retired): \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

**Personal Reference** (Please do not use relatives) Name: \_\_\_\_\_

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

Email address: \_\_\_\_\_

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

**Personal Reference** (Please do not use relatives) Name: \_\_\_\_\_

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

Email address: \_\_\_\_\_

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

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Your Name \_\_\_\_\_

Today's Date \_\_\_\_\_