



Mentor Application

Identifying Information

Name (First Middle Last): _____

Gender: Male Female

Date of Birth: _____ Social Security Number: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Fax #: _____ E-mail address: _____

Place of Employment: _____ Title: _____

Employment Start Date: _____

Background Information

Ethnic Group: (circle one) Caucasian African American Hispanic
 Asian American Indian Other (please specify) _____

Age Category: (circle one) 18-30 31-40 41-50 51-60 61+

Are you married? _____ Do you have children? _____

sons _____ age(s) _____ # daughters _____ age(s) _____

When you were a teenager, to what income group did your family belong?

low income middle income high income

Career/Education Information

Highest education completed:

- some school, not a high school graduate
- GED
- high school graduate
- associate's degree in _____ from _____
- technical/vocational certificate in _____ from _____
- bachelor's degree in _____ from _____
- master's degree in _____ from _____
- doctorate in _____ from _____
- other _____

Are you currently enrolled in any education or training program? yes no

If yes, please specify: _____

List any clubs or organizations of which you are currently a member: _____

Mentor Information

How would you describe your communication style?

- friendly and outgoing
- usually wait to be approached by someone new
- reserved until I get to know someone new

I am interested in becoming a mentor because: (check all that apply)

- I think I'd be a positive role model
- I like children
- I have the time to give
- I overcame difficulties growing up and would like to help someone else
- I think I have the personality and abilities to be a good mentor
- I am interested in making a difference in the life of a child
- I believe in the value of mentoring
- I wish I had had a mentor when I was a teenager

Do you have any specific training or experience in dealing with any of the following youth issues: (check all that apply, and if yes, please explain)

- drug awareness _____
- teen pregnancy _____
- teen violence _____
- sex/abstinence _____
- other _____

Please indicate how comfortable you would be in talking to a protégé about the following:

	very comfortable	comfortable	somewhat	not at all
world of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
goal setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
career planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
college planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
personal experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hobbies/interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
personal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drug awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sex/abstinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how comfortable you would be in handling the following potential problems:

(vc = very comfortable; c = comfortable; s = somewhat comfortable; n = not comfortable)

- _____ you have a hard time reaching your protégé
- _____ you make arrangements to meet, and your protégé doesn't show
- _____ your protégé seems unresponsive to your interest in getting to know him/her
- _____ your protégé calls you too often
- _____ your protégé asks you for money
- _____ your protégé has little interest in your job/profession
- _____ your protégé shares very sensitive thoughts or information with you

Are there any particular problems you would prefer *not* to handle as a mentor?

Is there anything else you would like us to know about you? If yes, please explain:

The undersigned acknowledges and agrees that 1) he or she is not obligated, if called upon, to perform the volunteer services herein applied for; 2) Take Stock in Children is not obligated to assign or actively seek to assign her or him a Take Stock in Children student; 3) as part of the Take Stock in Children matching process, additional information may be requested from the applicant, and 4) Take Stock in Children reserves the right at all times to terminate any match between any volunteer mentor and student for whatever cause.

I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge.

Applicant's Signature

Date

As a mentor in the Take Stock in Children program, I will always act in a behavior that is in the best interest of my student. Accordingly, I pledge to each of the following volunteer policy statements. **Please initial your approval next to each statement.**

_____ I will notify Take Stock in Children if I must terminate my mentor position for any reason.

_____ I will notify my student or his or her school liaison or the Take Stock in Children Student Advocate if I am unable to attend a previously scheduled meeting.

_____ I will not willfully arrange contact with my student off school property and not under the supervision of Take Stock in Children or school officials.

_____ I will not drive my student in my car.

_____ I understand that Take Stock in Children will terminate my relationship with my student if I violate any of the above policies.

What is your current telephone number?

(home) _____

(work) _____

REFERENCES

Please print **COMPLETE** name, address, and relationship of three people. They must have known you for at least 2 years. Each should be in a position to evaluate your qualifications as a mentor. Please **do not** include family members, current boyfriends, girlfriends, or fiancées as references.

Name	Address	Zip Code	Phone #
1. _____ (____)	_____	_____	_____
Relationship _____	Years Known _____		
2. _____ (____)	_____	_____	_____
Relationship _____	Years Known _____		
3 _____ (____)	_____	_____	_____
Relationship _____	Years Known _____		

If you are currently employed, please print the name and address of your work supervisor. If employed less than 6 months, the previous employer.

4. _____ (____)	_____	_____	_____
Name	Address	Zip Code	Phone #

Liability Release/Consent for Release of Information

I do hereby affirm the above information is true. I understand if denied acceptance into a mentoring program, no reason for denial will be given. I hereby consent to Suwannee Foundation for Excellence in Education, Inc. to release information to other entities, agencies, or individuals. I hereby release Take Stock in Children from any liability whatsoever for any information released or any acts or omissions connected with this application. I understand and consent to Take Stock in Children examining any and all available records or information from any source, to include but not be limited to criminal records.

I hereby allow Take Stock in Children to release any information compiled from my interview, references, or other sources pertaining to my application to become a mentor to Take Stock in Children. Take Stock in Children will use this information for the purpose of evaluating my ability to meet the initial criteria to serve as a mentor with a mentoring agency. I hereby release Take Stock in Children from any liability, debt, claim, suit, or obligation of any nature whatsoever should any information be obtained by any other individual, party, or entity of any nature whatsoever.

Signature

Date

Please print your name here.