

Mentor Application
2018-2019



Today's date: _____

Contact Information

First name: _____ Last name: _____

Gender: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Work #: _____ Email: _____

Preferred contact method: _____

Family and Household Information Family relationship status:

single partnered married separated

divorced remarried widowed

Partner's name: _____ # of years together: _____ Do you have any children? _____ If so, ages of children: _____

Emergency Contact Information:

Name: _____ Phone: _____ Relationship: _____

Education and Affiliations

Current Student Status

Full Time Part Time

Education, highest level achieved

School: _____

Dates attended: _____ to _____ Degree: _____ Next highest level achieved

School: _____

Dates attended: _____ to _____ Degree: _____

Other affiliations

church: _____ community affiliations:

_____ Community organizations:

Volunteer service: _____ Have you ever previously applied to be a volunteer with this agency? If yes, please explain: _____

Employment

Current employment status: _____ Present (or most recent) occupation: _____ Start date of current status or employment: _____

Work days and hours: _____

Employer: _____

Address: _____

Phone #: _____ Name of supervisor: _____ This agency may be contacting your employer as a reference. If for any reason you do not want us to contact your employer, please explain:

Do you know or have expectation of any upcoming change in your family status, student status, vocation, or residence? If yes, please explain:

Past employment (most recent)

Position: _____ Dates: _____ to _____

Employer: _____

Address: _____

Phone #: _____ Name of supervisor: _____

May we contact this employer as a reference? If not, please explain: _____

Work with children

Have you ever had **paid or volunteer** employment working with children? If yes, please provide information:

Position: _____ Dates: _____ to _____

Employer: _____

Address: _____

Phone #: _____ Name of supervisor: _____

May we contact this employer as a reference? If not, please explain: _____

Military

Branch: _____

Dates: _____ to _____ Type of discharge: _____

Medical

Are you currently being treated for or taking medication for a physical or emotional condition? If yes, please explain: _____

_____ Have you ever had problems with the use of alcohol or drugs? If yes, please explain:

Personal Interests

What interests, hobbies, and activities do you enjoy? _____

What are some of your favorite TV programs? _____

What are some of your favorite books or other publications? _____

Do you have any special trainings or skills? _____

Mentoring Questions

Why do you want to participate in a mentoring program? _____

What qualities do you have that would make you a good mentor? _____

What experience have you had working with children? _____

Have you ever applied or been involved with other mentoring programs? If yes, please give dates and names of agencies: _____

Is there anything else you would like us to know about you? _____

Availability – Time Commitment

This may change due to various updates please check your email regularly. Do your schedule and responsibilities allow for this commitment?

Please check your availability: **Please use a pen or marker and color in the spaces that you are busy. Leave the spaces open when you are free. This way we can match you with a student with a similar schedule.**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9AM							
10AM							
11AM							
Noon							
1PM							
2PM							
3PM							
4PM							
5PM							
6PM							
7PM							
8PM							

Legal

Have you ever been arrested? If yes, please explain: _____

Offense: _____ Date: _____

Action: _____ Have you ever been investigated for or charged with child abuse or neglect? If yes, please explain:

_____ Have you ever been investigated for or charged with crimes against children? If yes, please explain:

_____ Have you ever been investigated for or charged with assault? If yes, please explain:

_____ Have you ever been investigated for or charged with any other offenses? If yes, please explain:

Background Check

To be a mentor for this program, you must agree to a background check. If you object to a background check, you cannot be a mentor. If you agree to have a background check completed, please provide the following information:

Social Security Number: _____ Previous names used: _____

List your residences of the last 5 years:

1. Current residence: Lived there from: _____ to present
 2. Previous residence: Lived there from: _____ to _____
- Address: _____

References

Please give names and contact information of two references, each of whom you've known for at least two years.

Name: _____ Relationship: _____
 Address: _____
 Phone number: _____ Email: _____

Name: _____ Relationship: _____
 Address: _____
 Phone number: _____ Email: _____

Please read the following before signing

First Generation Leaders of America does not discriminate according to race, religion, physical handicap, sexual preference, economic status, or age. However, we do respect the preferences of the child's parent or guardian when selecting the appropriate adult for each child. As an applicant for a volunteer mentor position, I understand that **First Generation Leaders of America (FGLA)** will interview me about my background, motivation, expectations, and other personal qualities that might have a bearing on whether I would be an appropriate volunteer. I agree to undergo a criminal background check. I understand that **FGLA** will review references and investigate any and all facts concerning my qualifications for becoming a volunteer. I certify that all of the information provided by me in this application is complete, true, and accurate. I acknowledge that intentional omission or falsification of information will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

I understand that the agency has to take the best interests of the children into consideration first. I also understand that I am not obligated, if called upon, to perform the volunteer services applied for, and **FGLA** is not obligated to assign or to actively seek to assign me to a volunteer position.

I understand that the statements I make to the staff of the agency will be held confidential within the agency, unless disclosure is required by law. I understand that certain information about me will be discussed with the parent/guardian of the child with whom I am matched. If there are things about me that I do not want repeated, it is my responsibility to discuss this with **FGLA** staff.

I understand that my application will not be considered unless it is complete and signed and until the required supplemental information is submitted and completed.

I agree to notify **FGLA** immediately of any changes in the information provided in the application process, including, but not limited to legal status, address change, telephone, name change.

This application and any additional information gathered will remain the property of **FGLA**.

Signature: _____
 Date: _____
 Printed Name of Applicant: _____

Scan or email application to Firstgenerationleaders15@gmail.com