



# Mentor Program Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
First Name Middle Last Name

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How long have you resided in this area? \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Can we contact you at work? \_\_\_\_\_ Best time for Work Contact \_\_\_\_\_

Previous Employer \_\_\_\_\_

# of years of School completed:  
Elementary \_\_\_\_\_ High School \_\_\_\_\_ Trade \_\_\_\_\_ College \_\_\_\_\_  
Degree(s) attained \_\_\_\_\_

Family Status:  
Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widowed \_\_\_\_\_  
# of Years Married \_\_\_\_\_ # of Children in family \_\_\_\_\_

List name and age of children:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Service, Occupational or Fraternal Groups are you affiliated with? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about The LeaderShop? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to become a Mentor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past experience working with children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied to become a volunteer in a one-on-one Youth Program?  Yes  No  
If yes, name agency and date: \_\_\_\_\_

Have you ever been a volunteer in a one-on-one Youth Program?  Yes  No  
If yes, name agency and date: \_\_\_\_\_

Have you discussed the possibility of becoming a Mentor with your family?  Yes  No

Do you have a physical or mental condition which might limit your ability to serve as a volunteer? If so, please describe.  Yes  No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you sincerely feel you can meet the minimum standard of spending at least 4 hours per month with an assigned child?  Yes  No

Do you feel you will be able to remain in the program for at least one year?  Yes  No

What age child would you prefer to be matched with? \_\_\_\_\_

What are your special interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other interests do you have that might appeal to a child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can you as a Mentor help a child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any activities you dislike or cannot do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the names, complete mailing addresses and phone numbers of personal references as listed below:

1. *Relation: Family (outside your home)*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

2. *Relation: Neighbor (Present or Former)*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

3. *Relation: Friend*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

4. *Relation: Employment or School Acquaintance*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

5. *Relation: Employer or Supervisor*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I understand it will be necessary for The LeaderShop to investigate my background and to check my character references. I hereby give my consent for this information exchange and authorize such agencies to release information requested by The LeaderShop. I understand that the agencies to be contacted will be employers, courts (juvenile and adult), police, social services and other persons and agencies I have had contact with.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date