

# Mentor Application

Please complete all forms and email to [info@foreteens.org](mailto:info@foreteens.org).

## Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Social Sec. #: \_\_\_\_\_

Date of Birth

Gender:  Male  Female

## Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_





5. Are you available to meet with a teen 4 hours per month (1 hr per week minimum) virtually?
6. How would you describe yourself as a person?
7. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
8. Have you ever used illegal drugs? If so, what substances were used and how often?
9. Are you currently using any illegal drugs or controlled substances?
10. Do you drink alcoholic beverages? If so, what and how often?
11. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?
12. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
13. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
14. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
15. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
16. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?
17. Are you willing to attend an initial mentor training session?



**Please read this carefully before signing:**

Fore Teens appreciates your interest in becoming a mentor.

Please initial each of the following:

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

\_\_\_\_\_ I understand that Fore Teens is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ (optional) I agree to allow Fore Teens to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- DMV Release Form (state agency form)
- Criminal History Release Form (state agency form)
- Child Abuse and Neglect Release Form (state agency form)
- Sexual Offender Release Form (state agency form)

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Information Release

I, \_\_\_\_\_, understand it will be necessary for Fore Teens to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Fore Teens to obtain any needed information regarding my driving record, 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 permission for Fore Teens to conduct the same investigation of my background in previous states 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 known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

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

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

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

\_\_\_\_\_  
City State From (m/year) To (m/year)

\_\_\_\_\_  
City State From (m/year) To (m/year)

\_\_\_\_\_  
City State From (m/year) To (m/year)

\_\_\_\_\_  
City State From (m/year) To (m/year)



## Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information Fore Teens gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_



## Mentor Interest Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete all the following. This survey will help Fore Teens know more about you and your interests and help us find a good match for you.

Please indicate age group(s) you are interested in working with:

Age: \_\_\_12-14 \_\_\_15-18 \_\_\_19-21

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. \_\_\_\_\_

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

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.



Please check all activities you are interested in:

Biking	Camping	Science	Cooking	Library
Hiking	Boating	Music	Sports	Yoga
Golf	Swimming	Gardening	Parks	Movies
Fishing	Animals/ Pets	Painting/ Photos	Board Games	Shopping

List any other areas of strong interest:

