

#### MENTOR APPLICATION

#### **Personal Information:**

Name						
	First	Middle	Last	A	Age	DOB
Address	Street	City		State	ZIP	
Home phone	2		_ Mobile phone			
Name/addre	ss of employer					
Work phone	;		Occupation			
E-mail addre	ess					
Volunteer	Information:					
1. Indicate y	our grade prefe	erence:	<ul><li>□ Elementary</li><li>□ Jr. High/Middle</li><li>□ High School</li><li>□ Young Adult</li></ul>	e School		
you can brin	ng to this progra	nm?	l, math skills, previou			
3. Write a br	rief statement o	on why you have cho	osen to participate in	the mentor prog	ram.	
4. Initial the	two statements	s below:				
I undo	erstand that the	mentor program in	volves spending a mi	inimum of one h	our every v	week for
	erstand that I w		omplete the mentor pr	rogram orientati	on and at le	east two
Office Use ( Has the App Name of Me	Only: Date Recolicant been Contee Assigned:	eived ntacted? Yes or No	Receiver's Name Date:	Method:		



6. ☐ Yes ☐ No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #5?					
	ease explain below:				
8. Educational Background (mark one):					
<ul> <li>□ Some high school</li> <li>□ High school graduate</li> <li>□ Some college</li> <li>□ Other (please specify)</li> </ul>	<ul> <li>□ Graduate/professional school</li> <li>□ Technical school</li> <li>□ College graduate</li> </ul>				
10. What days of the week are you available to ☐ Monday ☐ Tuesday ☐ Wednesday	o volunteer? (Check all that apply):  y   Thursday   Friday   Saturday   Sunday				
11. What is the best time for you to volunteer	? (check all that apply):				
☐ Mornings ☐ Afternoons ☐ Evening	ngs   Weekends				
☐ Mornings ☐ Afternoons ☐ Evening  12. Please list four references (please include a work reference):  Name	at least one family member, one personal friend and one  Name				
☐ Mornings ☐ Afternoons ☐ Evening  12. Please list four references (please include a work reference):  Name	ngs □ Weekends  at least one family member, one personal friend and one  Name Address				
□ Mornings □ Afternoons □ Evenir  12. Please list four references (please include a work reference):  Name	ngs □ Weekends  at least one family member, one personal friend and one  Name Address City State/ZIP				
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□ Mornings □ Afternoons □ Evenir  12. Please list four references (please include a work reference):      Name	Name State/ZIP Name City State/ZIP Phone number State/ZIP Phone number Phone number Phone number State/ZIP State/ZIP Phone number State/ZIP Sta				
□ Mornings □ Afternoons □ Evenir  12. Please list four references (please include awork reference):      Name	Name Relationship Name Address City State/ZIP Address City State/ZIP State/ZIP Relationship State/ZIP Name Address City State/ZIP State/ZIP City State/ZIP				



Relationship	Relationship	
Goals Expecting Success) routinely	volunteer, I understand that IMAGES performs criminal and driving record applying. This check may be done on g me as a mentor.	rd checks of all volunteers for the
	at the information provided on this ap n knowingly provided here, and on su	
Signature		Date
you and any interested party to veri IMAGES(Imparting Motivation Aci information from any relevant sourceducational and training institutions repositories of criminal records, depresent employer and any previous training institutions and any other pand employment records to IMAGE employees and agents. I hereby releorganization that provides informat Achieving Goals Expecting Successuse and or disclosure of information volunteer position or offer of a vofurther understand that I have no righterminated immediately without causes.	ipplication is true and correct to the being any information I have provided in chieving Goals Expecting Success), it is ce including but not limited to present so, social security administration, criming partment of motor vehicles or child premployers, past and present fellow expersions to furnish information concernts. (Imparting Motivation Achieving ease and agree to hold harmless Impaction. I also agree to hold harmless Impaction is dependent on regist to a volunteer position is dependent on regist to a volunteer position and that make and without notice at the sole discreting Success), its employees and agent	n this application. I authorize ts employees and agents to seek nt and former employers, ninal courts and state and county protective services. I authorize my employees, educational and rning my personal character, habits Goals Expecting Success), its I liability any person or IAGES (Imparting Motivation and all liability with respect to the I check. I understand that any esults of a background check. I ny position as a volunteer may be cretion of IMAGES (Imparting
Signature	Date	Witness
	vation Achieving Goals Expecting Succe	
Office Use Only: Date Received _ Has the Applicant been Contacted? Name of Mentee Assigned:	Receiver's Name Yes or No Date: Mo	ethod:



#### **Optional Information:**

1. Social Security number (needed for criminal record checks):
2. Birth date (needed for record checks):
3. Do you prefer working with a particular grade level (approximate ages are in parentheses)?
☐ Elementary (ages 6-10)
☐ Middle School (ages 11-14)
☐ High School (ages 15-18)
☐ Young Adult (ages 19-24)
4. What IMAGES program are you interested in mentoring in?
5. Do you prefer working with a quiet, reserved child? $\Box$ Yes $\Box$ No $\Box$ No Preference
6. Do you prefer working with an outgoing child? $\square$ Yes $\square$ No $\square$ No Preference
7. Do you prefer working with a student from a specific racial/ethnic group? ☐ Yes ☐ No ☐ No Preference
If yes, please specify:
8. Do you speak a foreign language? If yes, please specify:
9. Please list any hobbies or interests you may have:
10. What would you like to do with a mentee?
11. What clubs or groups, if any, do you belong to?
12. My favorite subject in school was
13. My least favorite subject in school was
14. Please put an X by the activities you enjoy the most:
Playing sports such as
Office Use Only: Date Received Receiver's Name Has the Applicant been Contacted? Yes or No Date: Method: Name of Mentee Assigned:



Watching sports such as	
Writing	
Reading	
Listening to music such as	
Photography	
Attending plays Going to the movies	
Going to the movies	
Arts and crafts	
Arts and crafts Visiting zoos and parks	
Visiting museums	
Using computers	
Playing games Cooking	
Cooking Exploring possible careers Hiking and seeing nature	
Hiking and seeing nature	
Other	
15. What qualities would you like in a mentee?	
16. What individual has served as a role model for you? Why?	
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Office Use Only: Date Received Receiver's Name Has the Applicant been Contacted? Yes or No Date:	Mathad:
Name of Mentee Assigned:	_ Ivietiiou

### **IMAGES** TM

Office Use Only: Date Received	Receiver's Name	_
Has the Applicant been Contacted?	Yes or No Date:	Method:
Name of Mentee Assigned:		