



Volunteer Mentor Application

Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Gender: _____

Language(s) Spoken: _____

Religion: _____ Church attended: _____

Occupation: _____ Company: _____

Work Phone: _____ How long have you been employed here? _____

Do you have a valid driver's license? YES/ NO

If Yes:

Number: _____ State: _____ Exp Date: _____

Marital Status:

Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Widowed ___

Do you have any children? _____ If yes, Age(s) _____

If you were to describe yourself in 5 words what would they be?

1. _____ 3. _____ 5. _____

2. _____ 4. _____

List any special interests, skills or hobbies you have:

Why are you interested in volunteering as a mentor?

Personal Strengths:

Personal Weaknesses:

Most profound lesson you have learned in life?

To what extent do you feel comfortable talking to your mentee about the following?

	Very	Somewhat	Slightly	Not at all
A) Academic Skills / Homework Help				
B) College /Career/ Job Planning				
C) Goal Setting/ Dream Casting				
D) Personal Issues				

Education Information

	High School				Undergraduate				Graduate/Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												

Previous Experience

Have you ever worked as a mentor before? YES / NO

If yes, please briefly describe your experience, responsibilities, and group with whom you mentored:

Do you have previous volunteer experience? YES / NO If yes, please describe:

Have you ever been convicted of a misdemeanor or felony? YES / NO If yes, please describe:

What attracted you to All Things Made New?

Which area(s) are you interested in volunteering?
(Campus Crew, More than Gold, Iron Roots)

Have you ever been convicted of or pled guilty to a crime?

Yes

No

Do you smoke cigarettes, pipes, cigars, or chew tobacco?

Yes

No

Are you using illegal drugs?

Yes

No

Have you been ticketed for driving under the influence?

Yes

No

Has there been alcohol, drug, physical or sexual abuse in your family background?

Yes

No

Have you ever been treated for a psychiatric disorder?

Yes

No

Is there any circumstance or pattern in your life which would make it inappropriate to work with minors or would compromise the integrity of All Things Made New?

Yes

No

If you answered 'Yes' to any of the above questions, please explain below.

References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (please list only people you have known for at least a year):

Name:		
Address:		
City:	State:	Zip:
Phone Number:	Relationship:	
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Relationship:	
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Relationship:	

Mentor Authorization

Please read this carefully before signing:

Our program appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check.

I agree to report to All Things Made New any past convictions. I authorize All Things Made New to contact my references and process a background check. I will inform All Things Made New of any convictions or charges that relate to minors or vulnerable adults.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to keep confidential all information about my mentee as well as any information learned about his/her family. I agree to the time commitment of 8 hours/month (two individual meet-ups plus one track-oriented group session) and weekly communication (phone, email) for 12 months.

Signature & Date _____

Photo Release:

I understand that by signing this application I hereby consent to the use of my name, likeness and speech in any audiotape, videotape, film, photograph, or electronic transmission or display made during the course of the All Things Made New Mentoring program for any business purpose.

Signature & Date _____