

MENTOR APPLICATION

PERSONAL INFORMATION

Name _____ Gender Female
(First) (Middle) (Last) Male

*Address _____
Street City State (2 digit) Zip

Home phone _____ Mobile phone _____

a/k/a Name: _____ SSN _____

Date of birth _____ Place of birth (City and State) _____

Race _____ Church currently attending _____

*Name/address of employer _____

Work phone _____ Occupation _____

E-mail address _____

How long can you commit to this volunteer service? _____ When could you start? _____

VOLUNTEER INFORMATION

1. What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program?

2. Write a brief statement on why you have chosen to participate in the mentor program.

3. Please read and initial the following two statements:

_____ I understand that the mentor program involves spending a minimum of one hour every week for the academic year with an assigned student.

_____ I understand that I will be required to complete the mentor program orientation and at least one training session per school semester.

4. Educational Background (Mark one)

Some high school

Graduate/professional school

High school graduate

Technical school

Some college

College graduate

5. Why do you want to become a mentor? _____

6. What days of the week are you available to volunteer? (check ALL that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

7. Please indicate your preference to work with:

<input type="checkbox"/> Female student	<input type="checkbox"/> Male student
<input type="checkbox"/> Quiet student	<input type="checkbox"/> Outgoing student
<input type="checkbox"/> No preference	

8. Do you prefer working with a student from a specific racial/ethnic group? Yes No
If YES, please specify: _____

9. If you speak a foreign language, please specify language: _____

10. Have you considered what activities you may engage to relate to a mentee? _____

11. To what clubs or organizations do you belong? _____

12. What was your favorite subject in school? _____

13. What was your least favorite subject in school? _____

14. If you could recommend one book to your mentee, what would it be?

15. Please mark the activities you enjoy the most, specifying when asked:

Playing sports such as _____

Watching sports such as _____

Listening to music such as _____

Writing Reading Attending Plays Going to the Movies Photography

Arts/Crafts Cooking Visiting Zoos/Parks Visiting Museums Hiking

Exploring possible careers Using Computers Playing video games Board games

Other hobbies/interests: _____

16. What individual has served as a role model for you and why/how? _____

17. Please list four references (including at least one family member, one personal friend and one work reference, and a fourth of your preference):

FAMILY MEMBER

Name _____
Address _____
City/ST/Zip _____
Phone No. (include area code) _____

PERSONAL FRIEND

Name _____
Address _____
City/ST/Zip _____
Phone No. (include area code) _____

WORK REFERENCE

Name _____
Address _____
City/ST/Zip _____
Phone No. (include area code) _____

RELATIONSHIP :

Name _____
Address _____
City/ST/Zip _____
Phone No. (include area code) _____

MEDICAL AND CRIMINAL HISTORY

18. Yes No Within the past 10 years, have you been convicted of (or pled guilty to) any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

19. Yes No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question number 18, above?

20. If the answer to questions 18 or 19 is YES, please explain below:

21. Much of this information is required by the state of South Carolina licensing division for child care institutions. All prospective volunteers who wish to work directly with students (with contact of 4 or more hours per week) must provide evidence of freedom from communicable tuberculosis (TB Test).

22. Do you have any physical mental or medical conditions which would affect your ability to perform the volunteer function of mentor? Yes No If you responded YES, please explain: _____

In making this application to be a volunteer, I understand that the **Fox Creek High School Mentoring Program** routinely performs criminal, sex offender and child abuse registry and 10 year DMV driving history checks of all volunteers for the position of mentor for which I am applying. This check may be done on me if I sign below. My refusal to sign will be grounds for rejecting me as a mentor.

I certify to the best of my knowledge that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms is grounds for dismissal.

(Signature)

(Date)

*10 years' of residence and employment history is required; please use the following page should more space be needed.

RESIDENTIAL HISTORY (Continued)

From _____ to _____:

Address _____

Street

City

State (2 digit)

Zip

From _____ to _____:

Address _____

Street

City

State (2 digit)

Zip

From _____ to _____:

Address _____

Street

City

State (2 digit)

Zip

From _____ to _____:

Address _____

Street

City

State (2 digit)

Zip

From _____ to _____:

Address _____

Street

City

State (2 digit)

Zip

EMPLOYMENT HISTORY (Continued)

From _____ to _____:

Name/address of employer _____

Work phone _____ Occupation _____

From _____ to _____:

Name/address of employer _____

Work phone _____ Occupation _____

From _____ to _____:

Name/address of employer _____

Work phone _____ Occupation _____

From _____ to _____:

Name/address of employer _____

Work phone _____ Occupation _____