



## MENTOR APPLICATION

### Personal Information

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

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

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

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

Personal Email: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant:

Have you lived in the state for the past 10 years? Yes \_\_\_ No \_\_\_ (check one)

Best time to contact you \_\_\_\_\_

### Drivers License and Insurance Information:

State Issuing Driver License \_\_\_\_\_

Driver License Expiration Date \_\_\_\_\_ (MM/DD/YR)

Auto Insurance Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_ (MM/DD/YR)

### Employment History

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

## Application Questions

**Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.**

1. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Can you commit to participate in the RMI mentoring program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child at least 8 hours per month (including job shadowing) and have contact “face to face” once a month and email, and telephone contacts at least once per week? Please explain any particular scheduling issues.
6. Describe your general health. Are you currently under a physician’s care or taking any medications? If so, please explain.
7. How would you describe yourself as a person?
8. How would your friends, family, and co-workers describe you?
9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
10. Have you ever used illegal drugs? If so, what substances were used and how often?
11. Are you currently using any illegal drugs or controlled substances?
12. Do you drink alcoholic beverages? If so, what and how often?
13. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?

14. Do you use tobacco products? If so, what and how often?
15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger?  
If yes, please explain.
19. 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?
20. Are you willing to attend an initial mentor training session and two in service training sessions per year after being matched?
21. Reality Mentor will be communicating with you twice a month (by phone and email).
22. What is the best time to contact you by phone (example: office hours or home hours)?

Do you object to our checking with appropriate authorities such as the Department of Justice, Federal Bureau of Investigation and the California Department of Motor Vehicles for matters of public record regarding your background and history?

Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)

Please list the names and complete addresses of three, unrelated references, one of which is a work reference. (References will have known you at least two years and are willing to discuss your character, reputation, and ethics.)

**Reference 1:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Salutation \_\_\_\_\_

Company name if providing work address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (000-000-0000x00000)

Email \_\_\_\_\_

**Reference 2:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Salutation \_\_\_\_\_

Company name if providing work address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (000-000-0000x00000)

Email \_\_\_\_\_

**Reference 3:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Salutation \_\_\_\_\_

Company name if providing work address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (000-000-0000x00000)

Email \_\_\_\_\_

**Mentor Ambassador Program**

**Do you know someone else who might be interested in being a mentor?**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (000-000-0000x00000)

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (000-000-0000x00000)

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (000-000-0000x00000)

Please read this carefully before signing:

RMI appreciates your interest in becoming a mentor.

Please initial each of the following:

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

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

\_\_\_\_\_ (optional) I agree to allow RMI 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
- Personal Reference Form
- Interest Survey Form
- Criminal Background Check-Barrientos & Associates Background Check Information
- Tuberculosis Screening

The above information is true to the best of my knowledge. I understand that I am not obligated, if called upon to perform volunteer mentor services herein applied for, and that the agency is not obligated to assign, or actively seek to assign student(s) to me. I further agree to allow the staff of the Reality Mentor, Inc., Program to elicit additional pertinent, personal information as part of the matching process.

By signing below, I attest to the truthfulness of all information listed on this application, agree to all the above terms and conditions and I allow RMI to release my contact information, if necessary. In the event that I am chosen to mentor a youth, I agree to the commitment and to participate to the best of my ability. I will honor confidential information regarding my student. I will be free of the influence of alcohol or illegal drugs when with students on or off school grounds. I will inform Reality Mentor, Inc., of any changes in my address and/or phone numbers. I will inform Reality Mentor, Inc., in advance should I choose to stop volunteering.

I Accept  I Do Not Accept

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date