



## Mentor Application

Please print all information

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

Gender: ( ) Male ( ) Female      Race: \_\_\_\_\_      Date of Birth: \_\_\_\_\_

Place of employment (if applicable): \_\_\_\_\_

Work address (if applicable): \_\_\_\_\_

Home address: \_\_\_\_\_      Email address: \_\_\_\_\_

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

**The questions below will help us match you with a mentee. Some of the questions are personal and this information is confidential. However, we are required to report anything that indicates you have done or may do harm to yourself or others. Some information, like personal qualities and what you would like to do with a mentee or things you are interested in may be shared with a prospective mentee and/or their parents.**

**Do you understand? Y or N**

Why do you want to become a Mentor? \_\_\_\_\_

Do you have any previous experience volunteering or working with youth? If so, please specify:

Why do you think you can help a youth by mentoring?

What do you think are your strengths? \_\_\_\_\_

How about your weaknesses? \_\_\_\_\_

What was your own childhood like? \_\_\_\_\_

**What challenges do you think young people face today that they need help with the most?**

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**What are some of the biggest problems in the world or in your community that concern you?**

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**Have you ever been arrested and convicted of a felony in the past? \_\_\_\_\_**

**Have you ever undergone treatment for alcohol or substance abuse in the last 3 years? \_\_\_\_\_**

**Have you ever been treated or hospitalized for a mental condition in the last 3 years? \_\_\_\_\_**

**Mentoring a young person is a big responsibility and can change the lives of both the mentor and the mentee. What do you hope to gain from the experience and what do you hope the mentee gains from the relationship? \_\_\_\_\_**

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**Tell us something about yourself .....**

**Favorite hobbies and/or sports: \_\_\_\_\_**

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**Something you do well: \_\_\_\_\_**

**Favorite subject(s) in school: \_\_\_\_\_**

**If I had a free day, I would spend it: \_\_\_\_\_**

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**In the future I would like to: \_\_\_\_\_**

**What types of activities would you like to do with a mentee?**

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**Do you have a preference as to what age child you would like to mentor? (circle one) 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>**

**Are you available to meet with a child once a week for one school year? \_\_\_\_\_**

**What day of the week is best for you? \_\_\_\_\_ What time is best for you? 8:15-9:15**

**9:15-10:15**

**10:15-11:15**

**5:20-6:10**

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**PLEASE READ CAREFULLY BEFORE SIGNING:**

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 CIS/FC Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ I agree to allow CIS/FC Mentoring Program to use my name and photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

\_\_\_\_\_ I agree to attend a training session provided by the CIS/FC Mentoring Program.

\_\_\_\_\_ I agree to adhere to a background check provided by the CIS/FC Mentoring Program.

I understand I must return all of this application, and that any incomplete information will result in the delay of my application being processed.

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

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**Signature**

**Date**

**Please return or mail this application to:**

**CIS/FC  
P.O. Box 516  
242 E. Dykes Street  
Cochran, Georgia 31014**



**Gretchen Wilson-Tuck**

*CIS/FC Site Coordinator*

**Bleckley County Middle School**

**Communities In Schools of Cochran/Bleckley County and Family Connection Community Partnership, Inc.  
478-934-4300 or 478-934-7270**