#### Cabot Mentoring Program

**Mentor Application**

### Cabot Mentoring volunteers serve as consistent role models, active listeners and caring friends to youth ages 7-17 living in Cabot. This volunteer opportunity is a 12-month commitment with pairs meeting outside of school 2-4 times per month.

**Basic Information:**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Nickname or Salutation:

Other names used (including maiden name):

Home Address:

City: State: Zip Code:

Phone (home, work, and/or cell):

Email:

Education Level: □ Some High School □ High School or GED □ Some College □ Associate’s Degree □ Bachelor’s Degree □ Master’s Degree □ Professional Degree

Other Education:

**Members of Household:**

Name: Relationship:

Name: Relationship:

Name: Relationship:

Name: Relationship:

**Emergency Contact:**

Name: Relation to Applicant:

Phone: Email:

**Previous Residences:** Please list all residences you have lived in during the past five years.

Dates: Address:

Dates: Address:

Dates: Address:

**Employment Status:**

□ Student □ Retired □ Self-Employed □ Unemployed □ Other:

Current Job Title:

Current Employer:

Work Address:

City: State: Zip:

**Previous Employment:** Please list all of your employers from the past five years.

Dates: Employer:

Dates: Employer:

Dates: Employer:

**References:** *Please list 3 references who have known you at least 3 years.*

Name: Relationship:

Phone: Email:

Name: Relationship:

Phone: Email:

Name: Relationship:

Phone: Email:

**Questions:**

Why are you interested in mentoring?

Please list any previous mentoring experience and/or work with youth:

What education, experience or interests do you have that may be relevant to mentoring?

Do you have other interests, hobbies, and favorite subjects to read/learn about?

Why do you think you would be a good mentor?

Do you have a preferred age group to mentor?

Would you be willing to be matched with a youth that has greater emotional needs?

What training topics do you feel would help you make a good start with mentoring?

Please rank your comfort level for each of the following: 1=no way! to 5= total comfort:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No way | |  | Total comfort | |  |
| 1 | 2 | 3 | 4 | 5 | Working with a quiet, reserved child. |
| 1 | 2 | 3 | 4 | 5 | Working with a child who is outgoing and active. |
| 1 | 2 | 3 | 4 | 5 | Working with a child with communication or behavioral differences, such as ADD, autism, or Asperger’s syndrome. |
| 1 | 2 | 3 | 4 | 5 | Working with “at-risk” youth. |
| 1 | 2 | 3 | 4 | 5 | Discussing issues of sexuality and gender identity. |
| 1 | 2 | 3 | 4 | 5 | Discussing issues of substance use and abuse. |
| 1 | 2 | 3 | 4 | 5 | Working on education and career issues. |

If you speak any other languages (in addition to English), please list:

**Certifications:**

□ CPR □ First Aid □ Life Guard □ ESL

□ Other (please specify)

|  |  |
| --- | --- |
| Do you have reliable transportation? □ Yes □ No |  |
| Do you have a driver’s license? □ Yes □ No |  |

|  |  |  |
| --- | --- | --- |
| Do you carry automobile insurance? □ Yes □ No | |  | | --- | |  | |
| Do you understand the commitment is for at least one year? □ Yes □ No  I am 18 years of age or older. □ Yes □ No  **Availability:** place an “X” when available.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | Mornings |  |  |  |  |  |  |  | | Afternoons |  |  |  |  |  |  |  | | Evenings |  |  |  |  |  |  |  |   **Media Release (optional):**  I agree to have my photograph or remarks published by Cabot Mentoring in media pieces, newsletters, web pages or other documentation in support of Cabot Mentoring.  □ Yes □ No  I agree to allow Cabot Mentoring to grant permission to Mobius, Vermont’s Mentoring Partnership, to have my photograph or remarks published in media pieces, newsletters, web pages or other documentation in support of promoting the mentoring cause statewide.  □ Yes □ No |  |

**Mental health and criminal record:**

□ Yes □ No

Have you ever received treatment for alcohol or substance abuse?

□ Yes □ No

Have you ever been hospitalized for an emotional/psychiatric condition?

□ Yes □ No

Are there pending criminal charges against you?

Have you been convicted of a 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?

□ Yes □ No

Have you ever been arraigned for or convicted of child abuse or neglect, or of sexually abusing or molesting a youth 18 or younger?

□ Yes □ No

Other than the above, is there any fact or circumstance involving you or your background that could call into question your being entrusted with working with youth?

□ Yes □ No

If you answered “yes” to any of the above questions, please explain. *(Please note that answering yes does not automatically disqualify you from becoming a mentor.)*

I agree to inform Cabot Mentoring if any of the information on this application changes or if I’m convicted of a crime (misdemeanor or felony) during the time that I am involved with Cabot Mentoring.

Signature: Date:

**Consent to application policy, background checks, and information release:**

I understand that I have made an application for a volunteer opportunity with the Cabot Mentoring, and it is not a commitment or promise by Cabot Mentoring. I understand that it is Cabot Mentoring’s discretion whether to accept me as a mentor and the Cabot Mentoring has no obligation to provide me with a reason for its decision to accept or reject me as a mentor.  
  
I certify that all information that I have or will provide to Cabot Mentoring during the selection process, including information on this application and interviews with Cabot Mentoring, is true, correct and complete to the best of my knowledge. I further agree that I have and will answer all questions posed by Cabot Mentoring to the best of my knowledge and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that any misrepresentations or omissions by me may be cause for my immediate rejection as an applicant for a volunteer position with the Cabot Mentoring or my termination as a volunteer.  
  
I authorize Cabot Mentoring to request information about me from employers, agencies and references included on my application for Cabot Mentoring.

I understand that Cabot Mentoring will check my records in the following databases: the national sex offender registry, the Vermont Child Abuse and Adult Abuse registry, the Vermont criminal conviction search, FBI fingerprint-based background check, and Vermont Motor Vehicles driving record check. I hereby consent to the release of such records, documents, and information to Cabot Mentoring and its designated representatives. I agree to hold harmless from liability any person or organization that provides information.  
  
I agree and acknowledge that this information may be disclosed by Cabot Mentoring employees to persons involved in the implementation of Cabot Mentoring activities and programs. I hereby release and agree to defend and indemnify Cabot Mentoring, its directors, employees, and affiliates from any and all claims that may result from the use, release and disclosure of such information.  
  
I HAVE CAREFULLY REVIEWED THIS INFORMATION RELEASE AND COVENANT NOT TO SUE, AND I HEREBY CONFIRM MY UNDERSTANDING OF ITS CONTENTS AND AGREE TO BE BOUND BY ITS TERMS AS A CONDITION OF MY PARTICIPATION IN THE ABOVE ACTIVITY.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Print name:**

**Questions?** Please contact Susie Socks, program coordinator,

[cabotmentoring@gmail.com](mailto:cabotmentoring@gmail.com) or (802) 563-2289 ext 227.

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