

Unwritten Youth Project Inc. Mentoring Program (U.Y.P)

Mentor Application

Date: ____/____/____

Personal Information

County: South Fulton Fayette Henry Clayton

Name: _____

Street Address: _____

City: _____ Zip: _____ **Date of Birth** ____/____/____ Age ____

Contact Phone #: _____ Cell: _____ Other _____

Email _____@_____

* All positions include, but not limited to; 1) Mentor/Teacher 2) Mentor/Teacher Aide,
3) Tutor 4) Driver/Transportation 5) Food Preparation

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Employment History

Please provide employment information for the past five years, with the most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____ **Phone:** _____

Address: _____ Zip _____

Supervisor's Name: _____ Title: _____

Date of Employment (M/Year): _____ to _____ Position Held: _____

Employer: _____ **Phone:** _____

Address: _____ Zip _____

Supervisor's Name: _____ Title: _____

Date of Employment (M/Year): _____ to _____ Position Held: _____

Personal References

Please list the names, addresses, and phone numbers of three people you would use as character references (only people you have known for at least a year). Include at least one relative. Any information Unwritten Youth Project Inc. Mentoring Program gathers from these references will be held as confidential and will not be released to you, the applicant.

1. Relative's Name: _____ **Phone:** _____

Address: _____ Zip: _____

Relationship: _____ Years Known: _____

2. Reference Name: _____ **Phone:** _____

Address: _____ Zip: _____

Relationship: _____ Years Known: _____

3. Reference Name: _____ **Phone:** _____

Address: _____ Zip: _____

Relationship: _____ Years Known: _____

Mentor Personal Assessment

Why do you want to be a mentor?

What do you think are your strengths?

What do you think are your weaknesses?

As a future mentor, what do you plan on gaining from this experience?

Do you currently use any alcohol, drugs or tobacco? Yes No

Have you ever been arrested? Yes No If Yes please explain

Have you ever been treated for mental illness? Yes No

Have you ever abused or molested a child? Yes No

Do you have any experience working with children? Yes No

If so, how do you think it will assist you in helping with your mentee?

Who else in your household might be present at any given time when you are with your mentee?

Please circle all the activities that interest you:

Biking	Camping	Science	Soccer
Cooking	Arcade Games	Library	Parks
Baseball	Photography	Reading	Yoga
Animals	Fishing	Board Games	Golf
Eating Out	Arts and Crafts	Amusement Parks	Drawing
Football	Basketball	Tennis	Gardening
Math	Boating	Chess	Scrap Booking
Other:			

Please indicate age group you are interested in mentoring? 4-7 8-11 12-15 16-Up

Do you speak any other language besides English? If yes, please explain:

Would you be willing to work with a child with disabilities?

What are some of your favorite things you like to do with other people?

What are some of your favorite subjects to read about?

What is one goal which you have set for the future?

If you could learn something new..... What would it be and why?

What person do you most admire? Why?

Application Acknowledgement

I certify that all the information given by me on this mentoring application or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that any false, incomplete or misleading information or consequential omissions of any kind on this application or supplemental form are sufficient cause for rejection of my application or my dismissal if I am chosen for a position.

I understand that if offered a chance to mentor, I will, as the condition of serving, be required to submit proof of my identity and legal right to work in the United States prior to my first day of serving.

I certify by my signing below, that I have read, understand and agree with the above.

Signature

Date

Mentor Eligibility Requirements

YOU MUST MEET ALL OF THESE REQUIREMENTS TO BE CONSIDERED FOR A MENTORING POSITION:

- Be at least 18 years of age
- Be a legal citizen of the US
- Understand that the programs core principals are biblical based
- Be willing to abide by all rules and regulations set forth by both the Unwritten Youth Project Inc. Mentoring Program and Church of the Harvest International.
- Agree to a one-year commitment to the program
- Commit to spending a minimum of one hour per week with the mentee.
- Attend all training sessions if offered
- Complete the screening process
- Be willing to communicate regularly with the program director and submit monthly meeting and activity information
- Have access to an automobile or reliable transportation
- Have a current valid driver's license, auto insurance, and decent driving record.
- Have never been arrested, charged, or convicted of child molestation.
- Not currently in a treatment program for substance abuse. If a substance abuse problem has occurred in the past the applicant must have completed a non-addictive period of at least three years of the screening process.

I meet all the above stated requirements and I agree to follow all the stipulations set forth by this program as well as any other conditions as instructed by the program director at this time or in the future.

Signature

Date

PLEASE READ THIS CAREFULLY BEFORE SIGNING:

Please initial the following

_____ I agree to follow all mentoring program and church facility guidelines and I understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that Unwritten Youth Project Inc. Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (Optional) I agree to allow Unwritten Youth Project Inc. Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or related marketing materials.

I understand I must return all of the following completed items along with my application, and that any incomplete information will result in the delay of my application.

- Copy of your Valid Driver's License
- Copy of Proof of Insurance (Current)
- Background Release Form (Criminal/Child Abuse)
- FBI Background Clearance Release
- DMV Release Form

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

Signature

Date

