



MENTOR APPLICATION

1-2-1 Mentoring, Inc. ®

7 Corporate Center Court, Suite B

Greensboro, NC 27408

Phone 336.346.3229 Fax 336.282.3797

Personal Information

11/29/15

Name: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Home: () _____ Mobile: () _____ Gender: ___ Male ___ Female

E-Mail: _____ Social Security Number: _____

Please list all members of your household.

Name	Sex	Age	Relationship to Applicant

Transportation:

As part of your job as a Mentor, transportation of children to and from activities and/or events may become necessary. Please answer the following questions:

Vehicle Make/Model _____ License Plate# _____ Year _____

Insurance Carrier: _____ Policy # _____

Is your vehicle insurance current? Yes _____ No _____

Is your name listed on the insurance policy? Yes _____ No _____

Is your Vehicle Registration current? Yes _____ No _____

Does your vehicle have working seatbelts for all passengers? Yes _____ No _____

Applicant's Name: _____

Employment History

Please provide last 5 years' employment information. List most recent position held first.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____

Supervisor's Title: _____ Supervisor's Phone: () _____

Dates of Employment: ____/____/____ to ____/____/____

Beginning Compensation: _____ Ending Compensation: _____

Position(s) Held & Description of Your Work (*attach additional sheets if necessary*):

Reason for

Leaving: _____

Do we have permission to contact this Employer as a Reference? Yes _____ No _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____

Supervisor's Title: _____ Supervisor's Phone: () _____

Dates of Employment: ____/____/____ to ____/____/____

Beginning Compensation: _____ Ending Compensation: _____

Position(s) Held & Description of Your Work (*attach additional sheets if necessary*):

Reason for

Leaving: _____

Do we have permission to contact this Employer as a Reference? Yes _____ No _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Applicant's Name: _____

Supervisor's Name: _____

Supervisor's Title: _____ Supervisor's Phone: () _____

Dates of Employment: ____/____/____ to ____/____/____

Beginning Compensation: _____ Ending Compensation: _____

Position(s) Held & Description of Your Work (*attach additional sheets if necessary*):

Reason for Leaving: _____

Do we have permission to contact this Employer as a Reference? Yes _____ No _____



Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____

Supervisor's Title: _____ Supervisor's Phone: () _____

Dates of Employment: ____/____/____ to ____/____/____

Beginning Compensation: _____ Ending Compensation: _____

Position(s) Held & Description of Your Work (*attach additional sheets if necessary*):

Reason for Leaving: _____

Do we have permission to contact this Employer as a Reference? Yes _____ No _____



Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____

Supervisor's Title: _____ Supervisor's Phone: () _____

Dates of Employment: ____/____/____ to ____/____/____

Beginning Compensation: _____ Ending Compensation: _____

Position(s) Held & Description of Your Work (*attach additional sheets if necessary*):

Applicant's Name: _____

Reason for
Leaving: _____

Do we have permission to contact this Employer as a Reference? Yes _____ No _____

Tell us About Yourself!

Please answer the following questions. Feel free to use additional paper if needed.

1.) Why do you want to become a mentor?

2.) Please describe any previous experience you have volunteering or working with youth?

3.) Are you available, and willing to meet with a child a minimum of 1 hour a week? Please explain any scheduling issues.

4.) Describe your general health. Are there any circumstances that might limit your ability to meet the job requirements of a 1-2-1 Mentor?

5.) Please tell us how your friends, family and co-workers would describe you?

6.) Have you ever been arrested or convicted of a crime? Please explain.

Applicant's Name: _____

7.) Have you ever used illegal drugs? If so, what substances were used and how often?

8.) Are you currently using any illegal drugs or controlled substances? Please explain.

9.) Have you ever been convicted of Driving Under the Influence of alcohol or any other substances? If yes, what were the circumstances?

10.) Do you use tobacco products? If so, what form, and how often?

11.) Have you ever received treatment for alcohol and/or substance abuse? If yes, please explain.

12.) Have you ever been hospitalized for a mental disorder? If yes, please explain.

13.) Have you ever been investigated, arrested, indicted, or convicted of any sexual offense? Please give details.

14.) Are you willing to communicate regularly and openly with program staff, provide weekly updates regarding your mentoring activities, and open to receive feedback regarding any difficulties during your participation in the mentoring program?

15.) Are you willing to attend a brief 1-2-1 Mentoring Orientation, a separate 2 hour Training Session and any additional training if the need should arise?

Applicant's Name: _____

PERSONAL REFERENCES

Please list below the names, addresses and phone numbers of three people you would like to use as references. Please be sure to include one Relative and two Non-Relatives. 1-2-1 MentoringSM L.L.C. will hold any information gathered from these references as confidential and will not be released to you, the applicant.

Relative's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ Mobile: () _____

Relationship: _____ Years Known: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ Mobile: () _____

Relationship: _____ Years Known: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ Mobile: () _____

Relationship: _____ Years Known: _____

Applicant's Name: _____

MENTOR INTEREST INTAKE FORM

Please provide the information requested below. This information will help 1-2-1 Mentoring SM L.L.C. create the most suitable Mentoring match.

Please indicate your availability:

Monday	Yes _____	No _____	Hours available: _____	to _____
Tuesday	Yes _____	No _____	Hours available: _____	to _____
Wednesday	Yes _____	No _____	Hours available: _____	to _____
Thursday	Yes _____	No _____	Hours available: _____	to _____
Friday	Yes _____	No _____	Hours available: _____	to _____
Saturday	Yes _____	No _____	Hours available: _____	to _____
Sunday	Yes _____	No _____	Hours available: _____	to _____

Are these hours likely to change? Please explain.

Indicate age groups you are interested in working with:

Ages 6-9 years	Yes _____	No _____
Ages 10-12 years	Yes _____	No _____
Ages 13-18 years	Yes _____	No _____
All of the above	Yes _____	No _____

Do you speak any languages other than English? If so, which language(s)?

Would you be willing to work with a child who has disabilities? If so, please describe which disabilities you would be comfortable working with.

What are some of your skills and/or talents?

Applicant's Name: _____

What is your job and/or college major? What inspired you to choose this field?
If you could teach a child something new, what would it be?

Are you interested in any specific type of coaching? (ex: academic support, sports, arts, music)

Please indicate all activities you are interested in:

Please add any additional information you think might be helpful in determining a match.

- Biking
 - Hiking
 - Fishing
 - Golf
 - Swimming
 - Animals/Pets
 - Science
 - Music (please indicate instrument) _____
 - Art
 - Cooking
 - Reading
 - Yoga
 - Sports [Please specify which Sport(s)] _____
 - Math (Specify Elementary/Middle School/High School/ALL) _____
 - Computers/technology
 - Knitting
 - Service Learning
 - Woodworking
 - Chess
 - Drama
 - Other _____
 - Other _____
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