



Mentor Application/ Personal Information

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone _____ Home phone: _____ Work phone: _____

Social Sec. #: _____

Date of Birth ___/___/___ Gender: ___ Male ___ Female

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 most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

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. How would you describe yourself as a person?
5. How would your friends, family, and co-workers describe you?

Please read this carefully before signing:

GAP Mentoring Program appreciates your interest in becoming a mentor.

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 GAP 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 GAP Mentoring Program 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
- Information Release Form
- Personal References Form
- Interest Survey 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

Please return or mail this application and the items listed above to Mentoring Program Coordinator, Guadalupe Alternative Programs (GAP), 381 East Robie Street, St. Paul, MN 55107.

Information Release

I, _____, understand it will be necessary for GAP Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize GAP to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for New Insights to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature _____ Date _____

Full Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____

Social Security Number ____/____/____

Current Driver's License No. _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

City _____ State _____ From (m/year) _____ To (m/year) _____

City _____ State _____ From (m/year) _____ To (m/year) _____

City _____ State _____ From (m/year) _____ To (m/year) _____

City _____ State _____ From (m/year) _____ To (m/year) _____

City _____ State _____ From (m/year) _____ To (m/year) _____

City _____ State _____ From (m/year) _____ To (m/year) _____

Personal References

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

Relative's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help GAP Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends: ___

Other: ___

Please indicate age group(s) you are interested in working with:

Age: ___ 16–17 ___ 17–18

Ethnicity: _____

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. _____

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

What are your favorite subjects to read about?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals/ Pets	<input type="checkbox"/>	Painting/ Photos	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of strong interest: