



Heart of Oregon Corps YouthBuild

Mentor Application

SECTION ONE: GENERAL INFORMATION

Name: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

How long have you lived at this address?: _____ years (if less than five years, please list previous addresses below).

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Alternate Contact: _____

This can be a cell, email, or person

Children: Yes No N/A

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Previous addresses:

Address: _____

Dates: _____

Address: _____

Dates: _____

Address: _____

Dates: _____

SECTION TWO: EMPLOYMENT INFORMATION

Occupation: _____ Employer Name: _____

Title: _____

Work phone: _____ Fax: _____

Email: _____

Length of employment: From _____ to _____

Name of Supervisor: _____ Title: _____

SECTION THREE: Background Screening (this information will be kept confidential and secure)

**Will you agree to have the Heart of Oregon YouthBuild program check your background through federal and state agencies for criminal records and child abuse and neglect proceedings?
*Participation as a mentor requires a criminal background check.***

(Please circle) YES NO

Social Security Number (*Required for criminal records check*): _____ - _____ - _____

Do you have a valid Driver's License? Yes No

State Issue: _____ Date Issue: _____ Expire Date: _____ Number: _____

Have you ever been convicted of a crime? _____ If "Yes", please explain: _____

Was it a felony? YES NO

SECTION FOUR: MENTORING INFORMATION

Definition of a YouthBuild Mentor: *Support and guidance, provided through a one-to-one relationship with a caring adult, to assist a young person in achieving his or her own developmental goals.*

Why do you want to be a mentor?

Do you have any previous experience volunteering, mentoring, or working with youth?

Do you have any hobbies or special skills?

What support or resources would you need to be successful as a mentor?

As a youth, did you have a mentor? What was successful and challenging about being mentored?

Do you have concerns about working with at-risk youth? Please explain.

Would you like a phone call from our mentoring coordinator to answer any questions/concerns that you may have?

Is there anyone you would recommend to be a mentor for our program? Please bring them a brochure and/or list their name and number here so we may contact them.

Name Phone #

Name Phone #

REFERENCES

Please list the names, addresses, and phone numbers of two personal character references, plus one employer reference. Please list only nonrelatives you have known for at least a year.

Reference 1: Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Reference 2: Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Reference 3: Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Please read this carefully before signing:

By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment to my mentee of 4 hours a month for 15 months.

Signature: _____ Date: _____