

Prevention PLUS, Inc.,

Mentoring Program Application

PLEASE PRINT

NAME		DATE	
STREET ADDRESS		APT.	
CITY		STATE	ZIP CODE
PERSONAL E-MAIL ADDRESS:			
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?: _____ (IF LESS THAN FIVE YEARS, PLEASE LIST PREVIOUS ADDRESS BELOW)			
PREVIOUS ADDRESSES:			
ADDRESS: _____			
DATES: _____			
ADDRESS: _____			
DATES: _____			
HOME PHONE NUMBER		CELL NUMBER	
SOCIAL SECURITY #		DATE OF BIRTH:	AGE:
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HIGHEST GRADE COMPLETED (PLEASE CIRCLE)	
STATE ISSUE: _____ DATE ISSUE: _____		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+	
EXPIRATION DATE: _____ NUMBER: _____			
MARRIED STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPERATED			
DO YOU HAVE CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CHILD NAME: _____		AGE: _____	
CHILD NAME: _____		AGE: _____	
OCCUPATION: _____ TITLE: _____			
EMPLOYER: _____			
WORK PHONE: _____		FAX: _____	
E-MAIL: _____			
LENGTH OF EMPLOYMENT: FROM _____ TO _____			
NAME OF SUPERVISOR: _____		TITLE: _____	
SUPERVISOR'S E-MAIL ADDRESS: _____			
WOULD YOU AGREE TO HAVE US CHECK YOUR BACKGROUND THROUGH A FEDERAL AND STATE AGENCY FOR CRIMINAL RECORDS, CHILD ABUSE AND NEGLECT PROCEEDINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO | IF "YES", PLEASE EXPLAIN: _____

WHY DO YOU WANT TO BE A MENTOR? _____

DO YOU HAVE ANY PREVIOUS EXPERIENCE VOLUNTEERING 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? _____

REFERENCES

PLEASE LIST NAMES, ADDRESSES AND PHONES NUMBERS OF REFERENCES, TWO PERSON CHARACTER REFERENCES AND ONE EMPLOYER REFERENCE. (PLEASE LIST ONLY NON-RELATIVES YOU HAVE KNOW FOR AT LEAST A YEAR):

REFERENCE 1: NAME: _____ YEARS KNOWN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE NUMBER: _____

REFERENCE 2: NAME: _____ YEARS KNOWN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE NUMBER: _____

REFERENCE 3: NAME: _____ YEARS KNOWN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE NUMBER: _____

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 UNDERSTAND 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 OF 8 HOURS OR ONE DAY A MONTH FOR A PERIOD OF NO LESS THAN 15 MONTHS.

SIGNATURE: _____

DATE: _____

PLEASE E-MAIL TO: paulapalmergreen@bellsouth.net or fax to 404.363.9949