

Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Social Sec. #: (optional) _____

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

Please list all members of your household (optional)

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.

Why do you want to become a mentor?

Do you have any previous experience volunteering or working with offenders? If so, please specify.

What qualities, skills, or other attributes do you feel you have that would benefit a mentee? Please explain.

Can you commit to participate in the Old Pueblo Community Foundation mentoring program for a minimum of six months from the time you are matched with an offender?

Are you available to meet with a mentee four hours per month and have contact at least once per week? Please explain any particular scheduling issues.

Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.

Are you currently using any illegal drugs or controlled substances?

How would you describe yourself as a person?

How would your friends, family, and co-workers describe you?

Have you ever received treatment for alcohol or substance abuse? If yes, please explain. (Optional)

Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched?

Please read this carefully before signing:

Old Pueblo Community Foundation 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.

_____ (optional) I agree to allow Old Pueblo Community Foundation 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, Old Pueblo Community Foundation, Inc., 4501 E. Fifth Street, Tucson, AZ 85711.