Aspire Reaching Beyond the Obvious

Mentor/Volunteer Application

Personal Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: [ ] Male [ ] Female

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List All Members of Your Household

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Sex | Age | Relationship to Applicant  |
|  |  |  |  |
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Employment History

Please provide employment information for the past 2 years, with the most recent/current position held first

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information Sheet

Please Answer all of the following questions as completely as possible

1. Why do you want to participate in the Aspire Mentoring Program?
2. What are your extracurricular activities?
3. Are you a current or former military service member?
4. Do you have any previous experience volunteering or working with youth? If so, please specify
5. What qualities, skills, or other attributes do you feel you have that would benefit youth? Please explain.
6. How would you describe yourself as a person?
7. How would your friends, family, and co-workers describe you?
8. Are you interested in becoming a one on one mentor with an 8 hour per month commitment?
9. Can you commit to participating in the Aspire Mentoring Program for a full calendar year?
10. Are you willing to commit to an initial mentor training session and two in-service training sessions per year?
11. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
12. Have you ever used illegal drugs? If so, what substances were used and how often?
13. Are you currently using any illegal drugs or controlled substances?
14. Do you drink alcoholic beverages? If so what and how often?
15. Have you ever been convicted of a DUI? If yes, when and what were the circumstances?
16. Do you use tobacco products?
17. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
18. Have you ever been treated or hospitalized for a mental disorder?
19. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
20. Have you ever been investigated or convicted of sexually abusing or molesting a minor (18 years or younger)? If yes, please explain

Mentor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read carefully before signing**

Aspire Reaching Beyond the Obvious Mentor 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 the Aspire Mentor Program is not obligated to provide a reason for their decision in accepting/rejecting my mentor application.

\_\_\_\_\_ (optional) I give Aspire my permission to use any photographic image of me, taken while participating in the mentoring program, for promotional and marketing use.

I understand I must turn in all of the following completed items along with this application

* Copy of your valid driver’s license and proof of auto insurance
* 3 letters of recommendation
* Criminal background check

By signing below, I attest to the truthfulness of all information listed on this application and agree to all of the above terms and conditions.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Contract

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By choosing to participate in the Aspire Mentoring Program, I agree to:

* Follow all rules and guidelines outlines by the program coordinator, mentor training, program policies, and this contract.
* Be flexible and provide necessary support and advice to help mentees succeed.
* Make one-year commitment to mentor program
* Be on time for scheduled meetings
* Inform the program coordinator of any difficulties in areas of concerns that may arise in the relationship
* Keep any information that mentees tell me confidential unless presents harm to themselves or others
* Always obey traffic laws in the presence of my mentee and keep a copy of his/her health insurance coverage in the automobile at all times when traveling together
* Never be in the presence of a mentee when I am (have been) consuming alcohol, tobacco, or controlled substances.
* Participate in closure process at end of mentor program
* Notify the program coordinator if I have any change in address, phone number, or employment status
* Attend in-service mentor training sessions twice a year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Individual Mentors

* Make one year commitment to being matched with my mentee
* Meet at least eight (8) hours per month with my mentee
* Make contact with my mentee weekly (at least)
* Obtain parent/guardian permisson for all meeting times at least three days in advance, if possible
* Be on time for scheduled meetings or call my mentee at least 24 hours before if I am unable to make the meeting
* Submit monthly meeting times and activities to the program coordinator
* Regularly and openly communicate with the program coordinator

Please Initial

\_\_\_\_\_ I understand that upon match closure, future contact with my mentee is beyond the scope of the Asprire Mentor Program and may happen only by the mutual consensus of the mentor, the mentee, and parent/guardian

I agree to follow all of the above stipulations of this program as well as any other conditions as instructed by the program coordinator, at this time or in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date