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Youth in Transition Mentoring Services

Mentor Application

SECTION ONE: GENERAL INFORMATION

Full Legal Name: \_\_\_\_\_ M F

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*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Needed for Criminal Background Checks*

Driver's License Number: \_\_\_\_\_

State Issue: \_\_\_\_\_ Date Issue: \_\_\_\_\_ Expire Date: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated

Children:  Yes  No

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

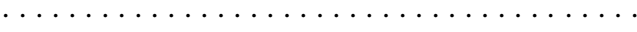
Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Previous addresses:

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

Dates: \_\_\_\_\_

*A Child Reached is A Child Saved...*



**SECTION TWO: EMPLOYMENT INFORMATION**

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Length of employment: From \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION THREE: Educational Background**

High School: \_\_\_\_\_  
Name City/State Date

College or Postsecondary: \_\_\_\_\_  
Name City/State Date

Other Education or Training: \_\_\_\_\_  
Name City/State Date

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

Will you agree to have AOICWO check your background through federal and state agencies for criminal records and child abuse and neglect proceedings?

(Please circle) YES NO

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

\_\_\_\_\_

**SECTION FIVE: MENTORING INFORMATION**

Why do you want to be a mentor?

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

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Please discuss any hobbies, interests, or special skills.

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

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**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 the Statements Below and Initial**

\_\_\_\_\_ I understand that I will be required to complete an 8 hour specialized Mentor training prior to being matched with a youth.

\_\_\_\_\_ I understand that participation in this program is a commitment to two meetings totaling four or more hours each month with my partnered youth. I further understand that this program will require at least a one year commitment to my partnered youth.

\_\_\_\_\_ I agree to participate in all required supervision and ongoing training throughout the duration of my participation in this program.

\_\_\_\_\_ I agree to submit to a TB test or submit written results of a recent TB test.

**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 at least 12 months.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_