



Adult Mentor

Interviewed by:	
Name: _____	Date: _____
Name: _____	Date: _____

Mentor Application

Applicant Information	
Full Name: <small>Last</small> _____ <small>First</small> _____ <small>M.I.</small> _____	Date: _____
Address: <small>Street Address</small> _____ <small>Apartment/Unit #</small> _____	
<small>City</small> _____ <small>State</small> _____ <small>ZIP Code</small> _____	
Phone: () _____	E-mail Address: _____
Cell or Other Phone Number: () _____	
1. Are you available in the mid-afternoon, one day each week for 1½ hours (plus travel time)? ___YES ___NO 2. Are you able to commit to one day each week for the remainder of this school year? ___YES ___NO 3. Which day(s) of the week are you available? ___Tuesday ___Wednesday ___Thursday	
4. Are you a citizen of the United States? ___YES ___NO	If no, are you authorized to work in the U.S.? ___YES ___NO
5. Have you ever been convicted of a crime other than a traffic violation? ___YES ___NO If yes, state nature of the crime(s), when and where convicted, and disposition of the case:	
<p>Note: All volunteer adult mentors are fingerprinted by Fresno Unified School District. The District notifies Encourage Tomorrow regarding fingerprint clearance for each applicant. A conviction is not an automatic bar to acceptance.</p>	
6. Are you currently out on bail or personal recognizance pending trial? ___YES ___NO If yes, what is the charge?	
7. Do you have a reliable means of transportation to and from the school where you will mentor? ___YES ___NO	
8. Are you at least 18 years old? ___YES ___NO	
9. Language(s) Spoken:	
10. Do you have mentoring, tutoring, or other volunteer experience? ___YES ___NO If yes, explain where and when:	

11. The mentor sits with a student at a table or student desk in a school classroom, library, or similar location. The mentor interacts/participates one-to-one with the mentee in conversation, reading, writing, educational exercises and games, and other similar activities that are appropriate to the grade level of the student.

Are you able to perform the essential functions that would allow you to serve as a mentor, as described above, either with or without reasonable accommodation? ___YES ___NO

If no, describe the functions that cannot be performed:

Education

High School:

City:

From:

To:

Did you graduate?

___YES

___NO

College:

City:

From:

To:

Did you graduate? ___YES ___NO

Degree:

Other:

City:

From:

To:

Did you graduate? ___YES ___NO

Degree:

References

Please list three personal or professional references (non-relatives who know you well)

Full Name:

Relationship:

Address:

Phone: ()

Full Name:

Relationship:

Address:

Phone: ()

Full Name:

Relationship:

Address:

Phone: ()

Please list your Current or Last Paid position of employment

Company:

Phone: ()

Address:

Supervisor:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact this supervisor for a reference? ___YES ___NO

- ___ 1. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for acceptance as a mentor, and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure acceptance shall be grounds for rejection of this application or for immediate discharge if I am serving as a mentor, regardless of the time elapsed before discovery.
- ___ 2. I hereby authorize Encourage Tomorrow to thoroughly investigate my references, work record, education and other matters related to my suitability for mentoring and, further, authorize the references I have listed to disclose to Encourage Tomorrow any and all letters, reports, and other information related to my suitability for mentoring, without giving me prior notice of such disclosure. In addition, I hereby release Encourage Tomorrow, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- ___ 3. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my volunteer service, if accepted, is intended to create an employment contract between me and Encourage Tomorrow.
- ___ 4. Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action or outstanding judgment) be conducted by internal personnel employed by Encourage Tomorrow, I am entitled to copies of any such public records obtained by the agency unless I mark the check box below. If I am not accepted as a volunteer mentor as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.
- ___ 5. I understand that as a volunteer for Encourage Tomorrow, I am providing unpaid services to the organization and my service is not to be used for my personal monetary gain.
- I waive receipt of a copy of any public record described in the paragraph above.

To assist us in the mentor-mentee matching process, please check which best describe your attributes:

- ___cheerful ___active ___leader ___perceptive ___like to be around
 others
- ___thoughtful ___creative ___sensitive ___patient ___always on time
 ___organized ___dependable ___easy going ___good listener ___open-minded
 ___communicative ___shy ___fair ___self-motivated ___other:

Rank each of the following according to your interest:

1 = very interested 2 = somewhat interested 3 = not very interested

- ___computers ___reading ___movies ___career info ___homework help
 ___museums ___music ___theater ___art ___outdoor activities
 ___crafts ___travel ___sports (watch) ___sports (participate)
 ___other:

What are your best school subjects?