

GRAND AREA MENTORING PROGRAM

Moving Forward Together

MENTOR APPLICATION

(Also online – http://www.grandschools.org/Mentor/mentor_application.pdf)

PERSONAL INFORMATION

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Work Hours: _____

Email: _____

Date of Birth: ____/____/____

Gender: Male Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

EMPLOYMENT HISTORY

Please provide employment information for the two most recently held positions, beginning with the most current:

Current Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Position Held: _____

Supervisor's Name: _____ Title: _____

Work phone: _____ Extension: _____

Dates of Employment (mm/yyyy): _____ to _____

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Previous Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Position Held: _____

Supervisor's Name: _____ Title: _____

Work phone: _____ Extension: _____

Dates of Employment (mm/yyyy): _____ to _____

EDUCATION

High School Graduate? Yes No If No, indicate highest grade completed _____

College, Business, Trade School (Name, City)	Major or Vocational Subjects	Length of time Degree/Certificates

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.

1. Based on your own experiences as a student, what do you think are the knowledge, skills, and resources young adolescents need to succeed?

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APPLICATION QUESTIONS (CONTINUED)

2. What previous experience have you had with youth? If you have not had any experience, what gives you the confidence to know you will be able to mentor or tutor a youth?

3. Please briefly explain why you would like to be a volunteer mentor:

4. List and explain extra curricular activities, interests, skills and/or hobbies:

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INFORMATION RELEASE

I, _____, understand it will be necessary for Grand Area Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize GrandAM to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for GrandAM to conduct the same investigation of my background in previous states in which I have resided.

In addition, I understand that information about me will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature Date

Please Print you Full Name: _____

Please note, you will be asked to fill out another release form at the time of the required fingerprinting. This copy is for GrandAM records.

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PERSONAL REFERENCES

Please list the names, addresses, and phone numbers of at least two people you would like to use as character references (only people you have known for at least a year). Include at least one person that lives within the Grand County School District. Any information Grand Area Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

1 Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone Number: _____

Relationship: _____ For How Long: _____

2 Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone Number: _____

Relationship: _____ For How Long: _____

3 Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone Number: _____

Relationship: _____ For How Long: _____

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MENTOR INTEREST SURVEY

Name: _____ **Date:** _____

Please complete all the following. This survey will help Grand Area Mentoring Program learn more about you and your interests, and help us to find a good match for you.

What are the most convenient times during the weekday for you to meet with your mentee?

What particular age group, or groups, interest you?

6-9

10-12

13-15

If you have an ethnic preference, please specify: _____

Do you speak any languages other than English? If so, please specify:

Would you be willing to work with a child who has disabilities? If so, please specify:

What are some favorite things you like to do with other people?

What are your favorite reading subjects?

What is your profession and how did you choose this field?

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What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities listed below that interest you:

- | | | | |
|------------------------------------|----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Boating | <input type="checkbox"/> Biking | <input type="checkbox"/> Board Games |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Cooking | <input type="checkbox"/> Eating Out | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Golf | <input type="checkbox"/> Hiking | <input type="checkbox"/> Library |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Music | <input type="checkbox"/> Parks | <input type="checkbox"/> Science |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Sports | <input type="checkbox"/> Swimming | <input type="checkbox"/> Yoga |

List any other areas of strong interest:

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PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

The Grand Area 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.

_____ I understand that the Grand Area Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ 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:

- Information/Criminal History Release Form
- Personal References Form
- Interest Survey Form

_____ (Optional) I agree to allow the Grand Area 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.

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 all 8 pages of this application to:

**PROGRAM DIRECTOR
GRAND AREA MENTORING
264 SOUTH 400 EAST
MOAB, UT 84532**

Where did you hear about GrandAM? _____

The next mentoring training will be held: _____

Please call 260-9646 to RSVP

THANK YOU!