

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 recent positions held. Start with the most recent first.

1. Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

2. Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Academic

Are you a high school graduate? Yes / No

College Degree?

List any special training or certifications:

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?

2. What previous experience have you had with youth? If you have not had any experience with youth, what gives you confidence that 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:

Please read this 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.

_____ (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.

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

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:

**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: _____
Call 260-9646 to RSVP

GRAND AREA MENTORING PROGRAM

Moving Forward Together

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.

Further, 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

Full Name _____

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

Grand Area Mentoring Program

Moving forward together

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: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

3. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

GRAND AREA MENTORING PROGRAM

Moving forward together

Mentor Interest Survey

Name: _____ Date: _____

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

What are the most convenient times for you to meet with your mentee?
Please check all that apply.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends: ___
Other: (explain) _____

Please indicate age group(s) and/or you are interested in working with:

Age: ___ 6-9 ___ 10-12 ___ 13-15 Ethnicity: _____

Do you speak any languages other than English? If so, which languages?

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

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

What are your favorite subjects to read about?

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

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 you are interested in:

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

List any other areas of strong interest:

THANK YOU!