



Mentor Application

PLEASE PRINT

Date: _____

Full Name	Age	DOB
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Mailing Address	City	State	Zip	Email Address
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Physical Address	City	State	Zip	Home Phone #
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Marital Status	Spouse's Name	Date of Birth
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Any children? _____

Employment History:

Present Employer / Company	Address	Phone #
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Position	How long employed?	Supervisor
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List other employment or internships (most recent first)

Position?	How long employed?	Reason left?
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How many times have you moved in the last 5 years? _____

How long have you lived in Colorado? _____

List the past 2 residences (most recent first)

Address	City/State	How long there?
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Education or Training:

High School _____ Years Attended _____ Did you Graduate? _____ Year? _____

College/University/Technical Training _____ Years attended _____ Major _____ Grad. Date? _____

Other Education or Training? _____

Have you ever applied to be (or have been) a Senior Partner before? _____

Past experiences with children/youth: _____

Health: Poor ___ Fair ___ Good ___ Excellent ___ Any physical limitations or special concerns? _____

Are you taking medication on a regular basis? _____

Any known allergies? _____

Have you ever sought counseling/therapy or treatment for any reason? _____

Dates: _____

Please Explain: _____

Explain your present use of alcohol or any other drugs: _____

Explain your past use of alcohol or any other drugs: _____

Do you have a valid Driver's License? Yes: _____ No: _____ State: _____ Number: _____

Do you have your own transportation? Yes: _____ No: _____ License Plate #: _____

If no, do you have access to transportation? Yes: _____ No: _____ Describe: _____

Do you have current vehicle insurance as required by this state's law? _____

Company: _____ Policy Number: _____

Please describe your driving record and offenses: _____

I will promptly report to Partners any changes in my insurance coverage or driver's license status.

Signature _____

Date _____

Have you ever been the victim of a crime? Yes: _____ No: _____ If YES, please explain: _____

Have you ever been involved, investigated, arrested, and/or convicted of an assault? _____

If YES, when: _____

Please explain: _____

Have you ever been involved, investigated, arrested, and/or convicted of a felony or any other offense?

If YES, when: _____

Please explain: _____

Have you ever been involved, investigated, arrested, and/or convicted of child abuse, neglect or sexual molestation of a minor? _____

If YES, when: _____

Please explain: _____

Please list four references :

1) Relative (known most of life)

2)Employer/Professional

3)Friend (spouse or significant other if applicable, known at least 2 years)

4)Friend (counselor/therapist if applicable, or friend known at least 2 years)

Name	Complete Mailing Address (Street, City, State & Zip Code) and Email Address	Phone #	Relationship	Years known

What attitudes and beliefs are of special importance to you?

Please list interests, hobbies, and activities that you pursue.

I understand that Partners will contact the above listed references, any other persons deemed necessary, and will complete a thorough investigation compiling information on me that includes, but is not limited to: my character, personal characteristics, mode of living, general reputation, criminal history, academic credentials, employment history, work habits, job performance, experience and reasons for termination, education, qualifications and motor vehicle driving record. I will provide Partners with proof of automobile insurance and driver's license. I understand that misrepresentation of personal information or history at any time could result in termination or non-acceptance in the Partners Program. I understand that the Partners organization reserves the right to decline volunteers or terminate their volunteer status at any time. A decline is not meant to be a reflection of the personal character of an individual, or of our perception of their ability to volunteer in another setting. Partners staff accepts or declines volunteers based on all the information gathered in the screening process and for reasons of confidentiality and liability will not share this information or reasons of denial with any applicant.

Signature

Date

2673 Jacob Circle, Unit 100, Steamboat Springs, CO 80477

Tel: (970) 879-6141

www.PartnersYouth.org