



5. What do you hope to gain personally from being a Stable Moments® mentor?

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6. What concerns do you have regarding your participation in the program?

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7. Initial the two statements below:

\_\_\_\_\_ I understand that the Stable Moments involves spending a minimum of one hour every week for 10 months or until end of current session with a selected participant.

\_\_\_\_\_ I understand that I will be required to complete an activity log with each session and be willing to participate in additional training sessions during the session year.

8.  Yes  No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

9.  Yes  No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #8?

10. If the answer is YES to questions 8 or 9, please explain below:

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11. Educational Background (mark one):

Some high school  High school graduate  Some college  Other (please specify)

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College graduate Degree: \_\_\_\_\_

Graduate/professional school  Technical school

12. What days of the week are you available to mentor? (check all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

13. What is the best time for you to mentor? (check all that apply):

Mornings Afternoons Evenings Weekends

14. Do you prefer working with a Girl Boy  No Preference

15. Do you prefer working with a quiet, reserved child? Yes No No Preference

16. Do you prefer working with an outgoing child? Yes No No Preference

17. Do you speak a foreign language? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

18. Please list any hobbies or interests you may have:

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19. My favorite subject in school was \_\_\_\_\_

20. My least favorite subject in school was \_\_\_\_\_

21. Please put an X by the activities you enjoy the most:

- \_\_\_ Playing sports such as \_\_\_\_\_
- \_\_\_ Watching sports such as \_\_\_\_\_
- \_\_\_ Writing
- \_\_\_ Reading
- \_\_\_ Listening to music such as \_\_\_\_\_
- \_\_\_ Photography
- \_\_\_ Attending plays
- \_\_\_ Going to the movies
- \_\_\_ Arts and crafts
- \_\_\_ Visiting zoos and parks
- \_\_\_ Visiting museums
- \_\_\_ Using computers
- \_\_\_ Playing games
- \_\_\_ Cooking
- \_\_\_ Exploring possible careers
- \_\_\_ Hiking and seeing nature
- \_\_\_ Other \_\_\_\_\_

22. What qualities would you like in a participant?

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23. What individual has served as a role model for you? Why?

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24. If you could recommend one book for your participant to read, what would it be?

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AGREEMENTS (Please Initial All)

\_\_\_ I understand that seeing my participant consistently is one of the most important things I can do as a mentor, therefore I will see my participant one hour per visit as scheduled.

\_\_\_ I understand that all contact with my participant is restricted to the property. I also understand that I am not to transport my participant in any manner and defiance of this regulation would necessitate the closure of the Stable Moments® match.

\_\_\_ I understand that the relationship between the participant and me is a one-on-one relationship and I will engage in this relationship with an open mind.

\_\_\_ I understand that I might be privy to personal information about my participant and family members, which I will keep confidential.

\_\_\_ If a problem arises in my match relationship, or if my place of employment, residence or telephone number changes, I will notify program staff immediately.

\_\_\_ I give permission to share non-intrusive identifying information and photographs solely for public relations or recruitment. This information may not be used for any other purpose.

In submitting this application to be a mentor, I understand that program staff may routinely perform criminal background checks for the volunteer position for which I am applying. This criminal background check may be done on me if I sign below. If I fail to sign, it may be grounds for rejecting me as a mentor.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, is grounds for dismissal.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Sign Name