

ACTION, Inc. Mentor Application

Personal Information

Name *

First Name Last Name

Date *

Month Day Year



Email *

example@example.com

DOB *

Month Day



Year

Phone Number *

Area Code Phone Number

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Gender

Race

Please provide employment information for your four most recent employers, with most recent position held first.

Street Address

Street Address Line 2

City

State / Province

Employer

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Employer

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Employer

Street Address

Street Address Line 2

Please answer all of the following questions as completely as possible.

Why do you want to become a mentor? *

Do you have any previous experience volunteering or working with youth? If so, please specify. *

What qualities, skills, or other attributes do you feel you have that would benefit a student in our program? Please explain. *

Can you commit to participate in the ACTION, Inc mentoring program for a minimum of one year from the time you are matched with a youth? Our program is typically 6-12 months. *

Yes

No

Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain. *

How would you describe yourself as a person? *

How would your friends, family, and co-workers describe you? *

Have you ever been arrested or convicted of a crime? If so, what were the circumstances? *

Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances? *

Are you currently using any illegal drugs or controlled substances? *

Yes

No

Have you ever received treatment for alcohol or substance abuse? If yes, please explain. *

No

Have you ever been treated or hospitalized for a mental disorder? If yes, please explain. *

No

Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain. *

No

Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program? *

Yes

No

Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched? *

Yes

No

Are you willing and able to spend at least one hour per week (per youth) on our program to ensure youth's success? More hours may be required, depending on the needs of your match. *

Yes

No

Date



Month Day Year