



## Mentor Application

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ If less than 10 years, please list addresses you have lived at in the last 10 years (use additional sheets if necessary).

Past Address: \_\_\_\_\_

Past Address: \_\_\_\_\_

### **Employment**

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Can you be contacted at work? \_\_\_\_\_

Best time: \_\_\_\_\_ Position: \_\_\_\_\_

Length of time at this job: \_\_\_\_\_

Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Length of time at that job: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Military Service**

Time served: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Date and Kind of Discharge: \_\_\_\_\_

**Family Status**

Please circle the appropriate response:

Single      Married      Divorce      Separated      Cohabiting

Spouse or Significant Other's Name: \_\_\_\_\_

Number of years married/together: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Please list name, age, and gender of each child: \_\_\_\_\_

\_\_\_\_\_

How many children are currently living with you in your home: \_\_\_\_\_

**Educational Record**

Please fill in the school and number of years completed:

Elementary: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College & Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Graduate School & Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Volunteer Record**

List service clubs, fraternal organizations, and/or volunteer boards to which you belong:

\_\_\_\_\_

\_\_\_\_\_

List your past experience with children or youth: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Data**

Do you have current vehicle registration & insurance as required by State law? \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Do you have homeowner/renters insurance? \_\_\_\_\_

Are you affiliated with a church? \_\_\_\_\_ If yes, name of church: \_\_\_\_\_

How did you hear about Lakeland Mentoring?: \_\_\_\_\_

Why are you interested in Mentoring?: \_\_\_\_\_

How much time do you feel you could contribute to Mentoring per week (hrs)? \_\_\_\_\_

Do you anticipate any major life changes within the next year including personal, vocational, or residential? \_\_\_\_\_

### **References**

Please give complete names, mailing addresses and phone numbers of **at least three** non-related references (examples: employer, co-worker, friend, neighbor, teacher, clergy):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### **Activity and Interests Survey**

Please circle activities you enjoy or would like to try:

Professional sports	Drawing	State Fair
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College sports	Walking	Gym
High school sports	Fishing	Playing Cards
Camping	Picnicking	Music
Football	Boating	Woodworking
Baseball	Painting	Indoor Games
Art	Writing	Snowmobiling
Crocheting	Video Games	Dolls
Basketball	Television	Talking
Track	Movies	Crafts
Badminton	Museums	Dancing
Soccer	Concerts	Circus
Ping Pong	Reading	Animals
Tennis	Singing	Collections (What types?)
Volleyball	Cooking	Auto Mechanics
Riding Bike	Pool	Animal Tending
Roller Skating	Swimming	Horses
Bowling	Wrestling	Gardening
Canoeing	Hockey	Hair/Makeup
Water Skiing	Figure Skating	Auto Racing
Model Building	Cross-Country Skiing	Handball
Carving	Sledding	Golf
Croquet	Knitting	Music
Other:		

What are your favorite interests or activities: \_\_\_\_\_

Is there anything you dislike or cannot do: \_\_\_\_\_

Is there anything new you have been hoping to learn to do or try: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_