



## Youth of Promise Mentor Application

**NOTE: Please mail your completed applications to: P.O. Box 2307 Spotsylvania, VA 22553**

**Or Attn: Jaime Aronhalt, [jaronhalt@youthofpromise.com](mailto:jaronhalt@youthofpromise.com)**

We appreciate your interest in becoming a mentor. The information in this application will help us to match you with our youth and it will be kept confidential.

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Gender: Male/Female

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

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email address: \_\_\_\_\_ Cell phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Marital Status \_\_\_\_\_ Do you have children: Yes No

If so, ages? \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_ If yes, exp. Date \_\_\_\_\_ State \_\_\_\_

Do you have current vehicle insurance as required by Virginia law? Yes No

How did you hear about Youth of Promise? \_\_\_\_\_

**Would you agree to have us check your name through federal and state criminal records of child abuse and neglect proceedings? Yes No**

**Equal Opportunity Employer/Drug-Free Workplace:** This Company is an Equal Employment Opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, pregnancy, religion, national origin, ancestry, medical condition, marital

status, citizenship status, disability or uniformed service member status. The Company has a Drug-Free Workplace Policy in effect that is strictly adhered to.

## Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information Youth of Promise gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

### **Application Questions**

Please answer all the following questions as completely as possible. If more space is needed, use an extra piece of paper or write on the back of this page.

1. Why do you want to become a mentor?
  
1. Do you have any previous experience volunteering or working with youth? If so, please specify.
  
1. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
  
4. Do you commit to participate in Youth of Promise for a minimum of one year from the time you are matched with a youth?
  
5. Are you available to meet with a child eight hours-sixteen per month and have contact at least once per week? Please explain any scheduling issues.
  
6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
  
7. How would you describe yourself as a person?
  
8. How would your friends, family, and co-workers describe you?

9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
10. Have you ever used illegal drugs? If so, what substances were used and how often?
11. Are you currently using any illegal drugs or controlled substances?
  1. Do you drink alcoholic beverages? If so, what and how often? Wine or a mixed drink, Socially, maybe during special occasions.
  1. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?
  1. In the last (5) years has there been any alcohol or substance abuse? If yes, please explain.
  1. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
  1. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
  1. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
  1. 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?
  1. Are you willing to attend an initial mentor training session and two in service training sessions per year after being matched?

**Applicant's Name:** \_\_\_\_\_

**Please read this carefully before signing:**

Youth of Promise 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 Youth of Promise is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ I agree to allow Youth of Promise 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 the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- DMV Release Form (state agency form)
- Criminal History Release Form (state agency form)
- Child Abuse and Neglect Release Form (state agency form)
- Sexual Offender Release Form (state agency 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 email to: [youthofpromise19@aol.com](mailto:youthofpromise19@aol.com) or mail this application and documents to:

Executive Director

Youth of Promise

P.O. Box 2307

Spotsylvania, VA 22553

## Information Release

I \_\_\_\_\_ understand it will be necessary for Youth of Promise to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Youth of Promise 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 Youth of Promise to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with 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 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Please list any other cities, states, and dates of residency during the past 10 years.

\_\_\_\_\_  
City State From(m/year) To(m/year)

\_\_\_\_\_  
City State From(m/year) To(m/year)

\_\_\_\_\_  
City State From(m/year) To(m/year)

\_\_\_\_\_  
City State From(m/year) To(m/year)

## Mentor Interest Survey

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

Please complete all the following. This survey will help Youth of Promise 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 your mentee? Please check all that apply.

Weekdays  Lunchtime  After School  Evenings  Weekends  Other

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

Age:  8-11  12-15  16-18

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

Would you 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 admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

- Biking     Camping     Science     Cooking     Library  
 Hiking     Boating     Music     Sports     Yoga  
 Golf     Swimming     Gardening     Parks     Movies  
 Fishing     Animals/Pets     Painting/Photos     Board Games     Shopping

List any other areas of strong interest:



## Mentor Contract

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

By choosing to participate in the Youth of Promise Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the program coordinator, mentor training, program policies, and this contract
- Be flexible and provide the necessary support and advice to help my mentee succeed
- Make a one-year commitment to being matched with my mentee
- Meet at least eight hours to sixteen hours per month with my mentee
- Make at least weekly contact with my mentee
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my mentee at least 24 hours beforehand if I am unable to make a meeting
- Submit monthly meeting times and activities to the program coordinator, and regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator of any difficulties or areas of concern that may arise in the relationship
- Keep any information that my mentee tells me confidential except as may cause him or others harm
- Always obey traffic laws when in the presence of my mentee and keep a copy of his/her health insurance coverage in the automobile when traveling together
- Never be in the presence of my mentee when I have or am consuming alcohol, tobacco, or controlled substances
- Participate in a closure process when that time comes
- Notify the program coordinator if I have any changes in address, phone number, or employment status
- Attend in service mentor training sessions twice per year

\_\_\_\_\_ (please initial) I understand that upon match closure, future contact with my mentee is beyond the scope of Youth of Promise and may happen only by the mutual consensus of the mentor, the mentee, and parent/guardian. I agree to follow all the above stipulations of this program as well as other conditions as instructed by the program coordinator at this time or in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date