**Mentor Screening Procedure**

F.O.C.U.S. Mentoring Screening Procedures

Board Approval Date: \_\_\_\_\_\_\_\_

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

In accordance with the F.O.C.U.S. Mentoring Program eligibility and screening policies, mentoring program staff should complete the steps below to determine if a candidate qualifies to become a mentor.

1. The applicants must return all completed materials in the application packet given to them during the inquiry process including the Written Application, Information Release, Personal References, and Mentor Interest Survey. Proof of a valid driver’s license and auto insurance must also be provided at this time.

2. A mentor file should be created for all prospective mentors who return a completed application. A Mentor Contact Sheet should be kept on top of one side of each file. The file should also contain the Mentor Assessment Summary followed by all other application materials and interview notes. As each component of the screening process is completed, update the checklist on the Mentor Assessment Summary.

3. Mentoring program staff members should:

* Make an appointment and conduct an in-person interview with the prospective mentor
* Conduct phone interviews with three personal references
* Process the driving record, criminal history, child abuse registry, and sexual offender registry checks

4. Based on all information gathered above, complete the volunteer assessment and make a determination as to the appropriateness of the participant’s involvement in the program.

5. Send out an acceptance or rejection letter to the applicant based on the overall assessment of appropriateness.

6. If applicant is rejected, the applicant’s file should be placed into the file area of ineligible applicants.

7. If the applicant is accepted, the mentor must complete the initial two-hour training session prior to being matched with a mentee.

Mentor Application

Personal Information

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Sec. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: Male Female

Please list all members of your household.

Name Sex Age Relationship to Applicant

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Employment History

Please provide employment information for the past \_7\_\_ years, with most recent position held first. If more space is needed use an extra sheet of paper.

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Questions

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

1. Why do you want to become a mentor?

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

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3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

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4. Can you commit to participate in the New Insights mentoring program for a minimum of one year from the time you are matched with a youth?

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5. Are you available to meet with a child eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.

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

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7. How would you describe yourself as a person?

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

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

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10. Have you ever used illegal drugs? If so, what substances were used and how often?

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11. Are you currently using any illegal drugs or controlled substances?

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12. Do you drink alcoholic beverages? If so, what and how often?

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

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14. Do you use tobacco products? If so, what and how often?

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

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

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17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.

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18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or

younger? If yes, please explain.

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19. 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?

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

Please read this carefully before signing:

F.O.C.U.S. Mentoring Program 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 F.O.C.U.S Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_\_\_ (optional) I agree to allow F.O.C.U.S. Mentoring Program 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 of 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 valid 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 return or mail this application and the items listed above to:

Mentoring Program Coordinator

F.O.C.U.S. Mentoring Program

13910 Cobble Glen Court

Chester VA, 23831

Or you may scan and email all documents to focusacademy.rjohnson@gmail.com

Information Release

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand it will be necessary for F.O.C.U.S. Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize F.O.C.U.S. 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 F.O.C.U.S. 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 a 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.

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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.

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

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

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

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

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 F.O.C.U.S. Mentoring Program 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Interest Survey

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

Please complete all the following. This survey will help F.O.C.U.S. Mentoring Program 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 with 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: 11–14 15–18 19–21 Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Would you be 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?

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What are your favorite subjects to read about?

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What is your job and how did you choose this field?

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What is one goal you have set for the future?

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If you could learn something new, what would it be?

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What person do you most admire and why?

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Describe your ideal Saturday.

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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:

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Mentor Interview

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

Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I need to ask a number of questions about you that will help me in matching you with a mentee. Some of the questions are personal and this interview is confidential. However, I am required to report anything that indicates you have done or may do harm to yourself or others. Some information, like personal qualities and what you would like to do with a mentee or things you are interested in may be shared with a prospective mentee and/or their parents. Do you understand?

1. Why do you want to become a mentor?

2. Why do you think you can help a youth by mentoring? (if not answered in question #1)

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3. What do you think are your strengths?

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4. How about your weaknesses?

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5. What type of child would you like to be matched with?

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6. Will you be able to fulfill the commitments of the program – eight hours per month with weekly contact for one year? \_\_\_ yes \_\_\_ no \_\_\_ not sure

7. What was your own childhood like?

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8. Have you ever abused or molested a youth?

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9. Have you ever been arrested? If so, when and for what?

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10. Do you currently use any alcohol, drugs, or tobacco?

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11. Have you ever undergone treatment for alcohol or substance abuse?

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12. Have you ever been treated or hospitalized for a mental condition?

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13. Do you have any experience working with children? If so, how will it help you in working with your mentee?

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14. What challenges do you think young people face today that they need help with the most?

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15. Mentoring a young person is a big responsibility and can change the lives of both the mentor and the mentee. What do you hope to gain from the experience and what do you hope the mentee gains from the relationship?

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16. What are some of the biggest problems in the world or in your community that concern you?

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17. What types of activities would you do with a mentee?

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18. Who else in your household might be present at any given time when you are with your mentee?

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19. What hobbies or interests do you have?

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20. At this point, clarify any questions of concern that arose from the written application.

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21. Do you have any questions about the program I can answer for you?

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Interviewer Comments:

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Personal Reference Interview

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

Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Reference Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name has been given to us as a reference for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mentor), who has applied to be a mentor in our program. I would like to ask you some questions about him/her, which will be held in absolute confidence; it will not be shared or accessible to him/her. Would you be willing and is this a good time for you to answer a number of questions?

1. How long, and in what capacity, have you known the applicant?

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2. How does the applicant relate to people in general?

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3. How would you describe the applicant?

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4. Do you feel that the applicant would be a good mentor and role model to a child?

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5. Do you think that the applicant relates well to children and young people?

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6. Does the applicant usually keep his/her commitments?

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7. Is he/she on time for appointments and events?

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8. To your knowledge, has the applicant ever been convicted of a crime?

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9. Do you know of any problems or issues that would affect the applicant’s ability to work with a child?

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10. Would you feel comfortable allowing the applicant to spend time alone with your child?

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11. Do you have any additional comments about the applicant?

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Interviewer Comments: