



Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Best contact number: _____ May we text you? ___ Yes ___ No

May we contact you during business hours? ___ Yes ___ No

If no, when are the best times to call you? _____

Email: _____

Date of Birth ___/___/___ Gender: Male Female

Race: _____ Ethnicity: _____ Marital Status: _____

Primary Language: _____ Other Languages Spoken: _____

Please list all members (INCLUDING PETS) of your household (Please continue on back if more space is needed):

| Name | Sex | Age | Relationship to Applicant |
|------|-----|-----|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please list an alternate contact to reach you, only if we are unable to reach you with the telephone number listed above (friend, family member).

Name: _____

Relationship: _____

Telephone Number: _____

Employment

Employment Status: ___ Full Time ___ Part Time ___ Not Employed ___ Retired

Please provide your most current employment information.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Supervisor's Name: _____ Title: _____

*If you or your partner are military affiliated, when are you expected to receive your next orders? _____

Please provide your educational information.

| Name of Educational Institution: | Graduation Date /Anticipated Graduation Date | Major or Area of Study |
|---|--|------------------------|
| High School or GED: | | |
| College: | | |
| Other (graduate program or technical school): | | |

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. What interests you about becoming a mentor?

2. Have you ever applied to be a mentor before? If yes, when and where?

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

4. Please list any certifications, trainings, or other experiences directly related to children that you may have.

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

6. Can you commit to participate in the Seton Youth Shelters MCP Program for a minimum of one year from the time you are matched with a youth? This includes meeting with a mentee at least two times per month for at least four hours per month.

7. Describe your general health.

8. How would you describe yourself as a person?

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

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

11. Please describe your DMV record.
12. Have you ever used illegal drugs? If so, what substances were used and how often?
13. Have you ever been convicted of a DUI, drinking while under the influence of alcohol or other drugs or narcotics? If yes, when and what were the circumstances?
14. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
15. Have you ever been treated or hospitalized for a mental health issue? If yes, please explain.
16. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
17. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
18. 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?
19. Are you willing to attend mentor orientation and training sessions prior to and after being matched?

Please read this carefully before signing:

Seton Youth Shelters MCP 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 Seton Youth Shelters MCP Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow Seton Youth Shelters MCP 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 agree to provide the following information during the pre-match training (after an interview is completed), and that any incomplete information will result in the delay of my application being processed. I also understand that the application process is not complete until I attend the pre-match training, and I agree to cooperate with providing the information necessary for the following forms:

***Note: Seton Youth Shelters will provide all of the release forms after the interview**

- 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(nationwide search)
- Child Abuse and Neglect Release Form (state agency form)
- National Sexual Offender Registry search

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

SETON YOUTH SHELTERS MCP PROGRAM

Changing Lives, Building Futures

Personal References

Please list the names and phone numbers of five people you would like to use as character references (**only people you have known for at least ONE YEAR**). You may use friends, coworkers and professional contacts; but please limit your references to no more than one family member.

Name: _____
 Phone: _____
 Relationship: _____ How long known: _____

Name: _____
 Phone: _____
 Relationship: _____ How long known: _____

Name: _____
 Phone: _____
 Relationship: _____ How long known: _____

Name: _____
 Phone: _____
 Relationship: _____ How long known: _____

Name: _____
 Phone: _____
 Relationship: _____ How long known: _____

I, _____, agree to allow Seton Youth Shelters staff to make contact with the above mentioned people to be used as character references for my application to become a mentor through the Mentoring Children of Prisoners Program. I understand that any information Seton Youth Shelters MCP Program gathers from these references will be held as confidential and not released to me, the applicant.

 Signature

 Date

SETON YOUTH SHELTERS MCP PROGRAM

Changing Lives, Building Futures

Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help Seton Youth Shelters MCP 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 Evenings Weekends Other: _____

What ages between 4 and 18 year olds are you most comfortable working with? _____

Race preference if any: _____

Are you comfortable working with youth with special needs? Yes No

Please check all special needs you feel comfortable working with.

| | | | | | |
|--------------------------|---------------------------|--------------------------|----------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | ADHD | <input type="checkbox"/> | Victims of Physical Abuse | <input type="checkbox"/> | Learning Disabilities |
| <input type="checkbox"/> | Bipolar Disorder | <input type="checkbox"/> | Victims of Emotional Abuse | <input type="checkbox"/> | |
| <input type="checkbox"/> | Physical Limitations | <input type="checkbox"/> | Victims of Sexual Abuse | <input type="checkbox"/> | |
| <input type="checkbox"/> | Intellectual Disabilities | <input type="checkbox"/> | Autism | <input type="checkbox"/> | |

Please list any type of special need, disability, or type of abuse you would prefer **NOT** to work with:

What is one goal you have set for the future?

What person do you most admire and why?

Describe an ideal day off for you.

Is there anything else you feel we should know about you?

Please circle all the activities you are interested in:

| Playing Sports: | Watching Sports: | Outdoor Activities: | Indoor Activities: | Other Activities: |
|---------------------|---------------------|---------------------|--------------------|-------------------|
| Basketball | Basketball | Fishing | Cooking | Arts and Crafts |
| Football | Football | Hiking | Library | Tennis |
| Baseball / Softball | Baseball / Softball | Park | Board Games | Dancing |
| Hockey | Hockey | Bike Riding | Movies | Gardening |
| Soccer | Soccer | Walking | Shopping | Animals |
| Ice Skating | Ice Skating | Beach | Yoga | Drawing |
| Volleyball | Volleyball | Kayak / Canoe | Singing | Writing |
| Gym / Exercise | Gymnastics | Roller-skating | Listening to Music | Sewing |
| Swimming | Track/Field | Skateboarding | Video Games | Reading |

Please list any other hobbies or areas of strong interest:

Favorite Singer: _____

Favorite TV show: _____

Favorite school subject: _____

Least favorite school subject: _____

I like to read books about: _____

My favorite sports teams are: _____

Would you be interested in helping a youth with school work if that is something they could benefit from? ___ Yes ___ No

Please share any religious affiliation **IF** you would to incorporate any religiously affiliated activities into the mentoring relationship: _____

***Please note Seton Youth Shelters is **NOT** religiously affiliated and this is not a requirement or a recommendation by Seton Youth Shelters' staff.

Please return or mail this application and the items listed above to
Mentoring Children of Prisoners, Seton Youth Shelters, 101 N. Lynnhaven Rd, Suite 101 Virginia Beach, Virginia 23452
or return by email to Jcleffman@setonyouthshelters.org