



Able-Disabled Advocacy

YouthBuild Mentoring Program
Increasing Transition Outcomes Through Mentoring

Mentor Application

Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Driver's License #: _____ Gender: Female Male: Date of Birth: _____

Email Address: _____ Have you ever been convicted of a crime? Yes No.

If yes, please explain: _____

Current Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Length of Employment: _____

Title: _____ Supervisor's Name: _____

Supervisor's Phone No.: _____

Do you object to our agency running a background check on you? Yes No

Mentoring Information

Why do you want to be a mentor? _____

Do you have any previous experience volunteering or working with youth? Yes No

Do you speak any other languages besides English (including American Sign Language)? Yes No

If so, what other language(s) do you speak. _____

What qualities, skills, or other attributes do you feel you have that would benefit a youth? _____

Do you have any hobbies or special skills? _____

Have you had any experiences that would help you to understand the needs of youth with disabilities? If so, please briefly describe your experience. _____

Can you commit to participate in the YouthBuild Mentoring Program for a minimum of one year from the time you are matched with a youth? Yes No

What day of the week are available to meet with your mentee? (Check all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is the best time for you to meet with your mentee?

Mornings Afternoon Evenings Weekends

Are you available to spend eight (8) hours per month and have contact at least once per week with your

Mentee? Yes No If not, please explain any specific scheduling issues: _____

References

Please provide the names, addresses, and phone numbers of three people you would like to use as character references (please list only people you have known for at least a year):

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ -State: _____ Zip: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

How long known: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____

How long known: _____

Please read this carefully before signing:

Our program appreciates your interest in becoming a Mentor to a youth. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information provided by you and to conduct a federal and state criminal records check.

I have read and understand the rules, regulations, and responsibilities for becoming a Mentor in the YouthBuild program. If selected, I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment of at least 8 hours (2 mentor contacts consisting of 4 hours) per month for one year.

Signature

Date