

Referred by: _____

DEMOGRAPHIC INFORMATION

Last Name	First	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Cell Phone:	E-Mail ADDR	
SSN:	Date of Birth:	Ethnicity:	

TELL US ABOUT YOU

Do you speak any language other than English?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name the other language.
Will you be employed during this school year	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, will your schedule accommodate your mentoring duties? _____
Do you have a car?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list your Driver's License # _____
Can you commit to seven hours/month to meet with your mentee and to participate in group activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How did you learn about our program? (Please circle one) Friend Flier E-mail Website Search engine
Have you ever been convicted of any of the following?	<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Spousal abuse	<input type="checkbox"/> Crimes against children
<input type="checkbox"/> Any violent crimes (rape, sexual assault etc.)	<input type="checkbox"/> Assault, battery or drug-related felony less than 5 years old		YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you involved with other programs/clubs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how much of your time is spent on those activities?

EMPLOYMENT

Employer:	Title:
How long have you worked there?	Supervisor's Name:
What is your work schedule?	
Would your employer be willing to let us recruit more mentors?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, who is the point of contact?

EDUCATION

High School	Address
From To Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree/Certificate
College Trade	Address
From To Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree/Certificate
Other	Address
From To Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree/Certificate

REFERENCES

Please list two references. (one personal reference and one professional reference)

Full Name	Relationship	
Address		Phone:
Full Name	Relationship	
Address		Phone:

INTERESTS & HOBBIES

What skills do you possess that will enhance your ability to be a youth mentor?

Describe any prior experience you have had working with youth and how it has prepared you to be a positive, effective mentor?

Describe your interests and things that you enjoy doing in your spare time.

Do you belong to any professional organizations? (ie. NAACP, Concerned Black Men, Maryland Teachers Association, etc.)

Is there any additional information about you that will be helpful in the selection and matching process? If so please explain.

WHAT IS YOUR AVAILABILITY (Tell us which days and times are convenient for you?)

Sunday _____	Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____	Saturday _____
HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS
AM _____	AM _____	AM _____	AM _____	AM _____	AM _____	AM _____
Noon _____	Noon _____	Noon _____	Noon _____	Noon _____	Noon _____	Noon _____
PM _____	PM _____	PM _____	PM _____	PM _____	PM _____	PM _____

MENTOR EXPECTATION STATEMENT

As a mentor, you are required to meet with your mentee for at least 7-11 hours a month. In addition, you must attend monthly group activities as well as annual trainings. The Steering Committee is the advisory and organizational board of the program. You will be assigned a Steering Committee member who will track your progress through monthly informal meetings and weekly e-mails. These requirements help to ensure that an effective one-to-one relationship can be developed between you and your mentee. Although the program is flexible, these are our expectations for our mentors. We will be diligent about making the best possible match for you and the mentees of the Focus Mentoring program. We will contact you for an interview after your application has been processed. Thank you for your interest in our program and your willingness to provide a positive role model for our youth.

EMERGENCY CONTACT

Name: _____ Phone: _____

DISCLAIMER AND SIGNATURE

By signing below, you certify that the information in this application is true and complete to the best of your knowledge.

Signature _____

Date _____