



Program Coordinator: Janna Manookin  
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### Mentor Application

*Please Print*

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

Gender: Male \_\_\_ Female \_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's license # \_\_\_\_\_

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

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

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

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*\*\*\*\*

Who do we contact in case of emergency? \_\_\_\_\_

Phone number \_\_\_\_\_ Special medical conditions \_\_\_\_\_

Hospital preference in case of emergency \_\_\_\_\_

Age Range: (circle one) 20-30, 31-40, 41-50, 51-60, 61-80

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What is your highest level of education completed (Choose ONE)?

High School not completed      Associate's Degree      Ph.D.

High School diploma      BA/BS Degree      Other (specify)

College Courses      Masters Degree

What is your employment status (Check ONE)?

Unemployed      Employed      Retired      Student

Please select one of the following that best categorizes your current or past employment (Choose ONE)

Managerial      Professional      Service

Technical      Sales      Administrative Military

Law Enforcement/Justice

Religious

**Current Employer** \_\_\_\_\_

**Current Position** \_\_\_\_\_

**Please list names and phone numbers of 3 references**

*Reference #1*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

*Reference #2*

*Name* \_\_\_\_\_ *Relationship* \_\_\_\_\_

*Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Home Phone* \_\_\_\_\_ *Work Phone* \_\_\_\_\_

*E-mail* \_\_\_\_\_

*Reference #3*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Mentoring Information

1. Why do you want to be a mentor? \_\_\_\_\_

\_\_\_\_\_

2. What are your strengths/weaknesses? \_\_\_\_\_

\_\_\_\_\_

3. Can you meet with a child one hour a week? *Yes* \_\_\_\_\_ *No* \_\_\_\_\_

4. What previous experience have you had volunteering or working with youth? \_\_\_\_\_

\_\_\_\_\_

5. Do you have any hobbies or special skills? \_\_\_\_\_

\_\_\_\_\_

6. What types of things do you think young people today need the most help with? \_\_\_\_\_

\_\_\_\_\_

7. Have you ever been arrested or convicted of a crime? *No* \_\_\_\_\_ *Yes* \_\_\_\_\_ (if yes, explain) \_\_\_\_\_

\_\_\_\_\_

8. What do you hope to gain from this mentoring experience? \_\_\_\_\_

\_\_\_\_\_

9. What do you hope the mentee will gain from this experience? \_\_\_\_\_

\_\_\_\_\_

**Please read this carefully before signing:**

**Release Form:**

**Our program appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed, conduct a character reference check as well as conduct a federal and state criminal records check.**

**I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment of one hour a week for the school year.**

\_\_\_\_\_

**(signature)**

\_\_\_\_\_

**(date)**

**I give permission to use my photo, or appearance in a video, for promotional purposes.**

**Please initial:**

**Yes \_\_\_\_\_ No \_\_\_\_\_**