



Founded in 1959 by Sara O'Meara and Yvonne Fedderson
PREVENTION and TREATMENT of CHILD ABUSE

MENTOR APPLICATION

First Name _____ Middle _____ Last _____

Home Street Address _____ City _____ State _____ Zip Code _____

(____) _____ (____) _____ (____) _____
Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Fax (if any) _____

Date of Birth: _____ Age: _____ Social Security #: _____

Gender: ____ Female ____ Male Religious Affiliation (if any): _____

Race/Ethnicity: _____ Please list any languages you speak besides English: _____

Employer/College _____ Job Title/Major _____

Please list any current or previous volunteer activities.

Please list your hobbies, skills and interests.

What is your experience working with youth?

Please list the days of the week and the times of day you will typically be available to meet with the youth.

References: Identify three references who are not related to you

1) _____	_____	_____	_____
Name	How long known	Phone Number	
_____	_____	_____	_____
Address	City	State	Zip Code
2) _____	_____	_____	_____
Name	How long known	Phone Number	
_____	_____	_____	_____
Address	City	State	Zip Code
3) _____	_____	_____	_____
Name	How long known	Phone Number	
_____	_____	_____	_____
Address	City	State	Zip Code

Please check yes or no to the following questions:

- Yes No Are you 20 years of age or older?
- Yes No Do you have a criminal background history?
If so please explain: _____
- Yes No Do you agree to have a local and state criminal clearance and FBI clearance completed?
- Yes No Have you ever had involvement with Children Protective Services?
If so please explain: _____
- Yes No Do you agree to have a Children Protective Services clearance completed?
- Yes No Do you have a valid driver's license and car insurance?
- Yes No Do agree to provide current & updated copies of your driver's license and car insurance?
- Yes No Do you agree to have a driving record check?
- Yes No Do you agree to have a sex offender registry check completed?
- Yes No Do you agree to complete an interview with the mentor coordinator?
- Yes No Do you agree to complete the pre-match training?
- Yes No Do you agree to make a one year commitment to your matched youth?
- Yes No Do you agree to participate in 2-4 outings per month with your matched youth?
- Yes No Do you agree to pay for the activities that you do with your matched youth?
- Yes No Do you agree to keep all information about your matched youth confidential?
- Yes No May we use photos of you for marketing/recruitment purposes?
- Yes No May we share the results of your background investigations with the referring foster care agency?

By signing below, I am declaring that all of the above information is true to the best of my knowledge:

Applicant's Signature

Date

FOR CHLDHELP MICHIGAN USE ONLY

Date Application Received: _____ **Date Orientation Attended:** _____

Date Interview Completed: _____ **Date Training Completed:** _____

Date Mentor Certification Given: _____ **Date Match is Made:** _____

Date Application Denied (if applicable): _____

Reason: _____