

# Mentor Program Application – YouthBuild Rockford

## SECTION ONE: GENERAL INFORMATION

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

Street Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Gender:  Male  Female

Marital Status:  Single  Married  Divorced  Separated

Please list all members of your household:

| Name  | Sex   | Age   | Relationship |
|-------|-------|-------|--------------|
| _____ | _____ | _____ | _____        |
| _____ | _____ | _____ | _____        |
| _____ | _____ | _____ | _____        |

## SECTION TWO: EMPLOYMENT INFORMATION

*Please provide employment information for the past five years, with most recent position held first. (If more space is needed, use back of sheet)*

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

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Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

## SECTION THREE: BACKGROUND INFORMATION

I, \_\_\_\_\_, understand it will be necessary for the YouthBuild Rockford Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize YouthBuild Rockford to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for YouthBuild Rockford to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

\_\_\_\_\_  
Signature Date

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Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Required for state and federal background checks)

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Do you have a valid driver's license?  Yes  No

Current Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

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**Please list any other cities, states, and dates of residency during the past 10 years.**

\_\_\_\_\_  
City State \_\_\_\_\_ / \_\_\_\_\_  
From / To (m/year)

\_\_\_\_\_  
City State \_\_\_\_\_ / \_\_\_\_\_  
From / To (m/year)

\_\_\_\_\_  
City State \_\_\_\_\_ / \_\_\_\_\_  
From / To (m/year)

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1. Have you ever been arrested or convicted of a crime (not including minor traffic violations)?

Yes  No If "yes", please explain: \_\_\_\_\_

2. Have you ever used illegal drugs? If so, what substances were used and how long ago?

\_\_\_\_\_

3. Do you drink alcoholic beverages? If so, how often?

\_\_\_\_\_

4. Have you ever been convicted of a DUI, driving while under the influence of alcohol?

Yes  No If "yes", please explain: \_\_\_\_\_

5. Have you ever received treatment for alcohol or substance abuse?

Yes  No If "yes", please explain: \_\_\_\_\_

## SECTION FOUR: MENTORING INFORMATION

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. Why do you want to become a mentor?

2. Do you have any previous experience volunteering or working with youth? If so, please specify.
  
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
  
4. How would you describe yourself as a person?
  
5. How would your friends, family, and co-workers describe you?
  
6. Can you commit to participate in the YouthBuild Rockford Mentoring Program for a minimum of 15 months from the time you are matched with a youth?  **Yes**  **No**
  
7. Are you available to meet with a participant four hours per month and have contact at least once per week?   
**Yes**  **No**  
*Please explain any particular scheduling issues or reasons you would not be able to meet this requirement.*
  
8. 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?  **Yes**  **No**
  
9. Are you willing to attend an initial mentor training session and any scheduled in-service training sessions during the 15-month commitment after being matched?  **Yes**  **No**  
*Please explain any particular scheduling issues or reasons you would not be able to meet this requirement.*

**SECTION FIVE: REFERENCES**

*Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information YouthBuild Rockford Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.*

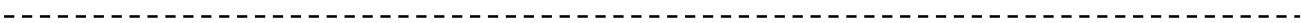
Relative's Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_



Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

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Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING:**

*YouthBuild Rockford's Mentoring Program & students appreciate your interest in becoming a mentor!*

**Please initial each of the following:**

\_\_\_\_\_ I agree to follow all mentoring program guidelines and requirements. I understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I understand that the YouthBuild Rockford Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ (optional) I agree to allow the YouthBuild Rockford Mentoring 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 complete all of necessary forms, along with this application, and complete the mentor training before being matched with a student. I am aware that any incomplete information or failure to attend the training will result in the delay of my application being processed or possibly dismissed from the program.

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

**Please return this application and the items listed above to**

***ATTN: Stephanie Syverson  
YouthBuild Rockford,  
917 S. Main St., Rockford, IL 61101***

**~OR~**

**Fax to 815-963-1002, ATTN: Stephanie Syverson.**

***Please use a cover sheet and mark information as CONFIDENTIAL***