



**CRAWFORD COUNTY MENTORING PROGRAM
MENTOR APPLICATION FORM**

Please Print.

Section I: Demographics

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

School District: _____

Home Phone: _____ E-mail Address: _____

Date of Birth: _____ Female Male

Level of Education Completed: High School Graduate Other _____

Section II: Work History

Please provide employment history for most recent 5 years:

Current Employer: _____ Years at current job: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Can you be contacted at work? Yes No

Title / Position: _____

Past Employer: _____ Years at job: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Title / Position: _____

Reason for Leaving: _____

Past Employer: _____ Years at job: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Title / Position: _____

Reason for Leaving: _____

Section III: Skills and Interests

What motivated you to participate in this program?

Have you ever worked with youth? Yes No

If yes, please explain in what capacity.

Can you meet with a child once a week during the school year? Yes No

Do you have a preference as to:

(If yes, state preference)

The grade level of your mentee? Yes No

The race of a mentee? Yes No

The gender of your mentee? Yes No

Briefly explain your current job responsibilities.

What skills do you feel you can bring to this program?

What do you enjoy doing in your free time?

What service or social groups do you belong to?

Have you ever been convicted of a crime? Yes No

If yes please explain:

Would you object to the agency running a criminal background check on you? Yes No

Section IV: References

To ensure the safety of all program participants, we will be checking personal references on every applicant. Please list three people who know you well and can attest to your character, skill and dependability. At least one of the three references must be someone other than a friend or family member.

Reference 1:

Name: _____

Phone: _____ Home Work

Phone: _____ Home Work

E-mail: _____

Relationship: _____

Reference 2:

Name: _____

Phone: _____ Home Work

Phone: _____ Home Work

E-mail: _____

Relationship: _____

Reference 3:

Name: _____

Phone: _____ Home Work

Phone: _____ Home Work

E-mail: _____

Relationship: _____

Section V: Mentor Agreement

As a volunteer for the Crawford County Mentoring Program, I agree to the following:

- To attend required training sessions before and during the mentoring year
- To be on time and to complete a minimum of 19 out of 25 meetings with my mentee
- To notify the school office if I am unable to keep my weekly meeting
- To engage in the relationship with an open mind
- To ask for and accept assistance from the site-coordinator and/or the mentee's teacher
- To keep discussions with my mentee confidential
- To notify the site coordinator of changes in my employment, address or phone number

I understand that my volunteer services may be declined for any reason or no reason.

Signature _____ Date: _____

Return completed form to: C.C.M.P., 117 E. Mansfield St., Bucyrus, Ohio 44820