

STAIR STEPS TO SUCCESS MENTORING PROGRAM

Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (mm/yy)

Position Held: _____

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Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (mm/yy)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (mm/yy)

Position Held: _____

Application Questions

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.

What are the most convenient times for you to participate in Stair Steps to Success Mentoring Program? Please rank the following with number "1" being most convenient.

After school: ____ Evenings: ____ Weekends: ____ Other: ____

1. Why do you want to become a mentor?

2. Do you have previous experience volunteering or working with youth? Yes No
If so, please specify.

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3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

4. Can you commit to participate in the Stair Steps to Success mentoring program for a minimum of one year from the time you are matched with a youth? Yes No

5. Are you available to meet with your mentee one time per month in prescribed group activities? Yes No Please explain any particular scheduling issues.

6. Describe your general health.

7. How would you describe yourself as a person?

8. How would your friends, family, and co-workers describe you?

9. Have you ever been arrested or convicted of a crime? Yes No
If so, what were the circumstances?

10. Have you ever used illegal drugs? Yes No
If so, what substances were used and how often?

11. Are you currently using any illegal drugs or controlled substances? Yes No
If so, what substances and how often?

12. Do you drink alcoholic beverages? Yes No
If so, what and how often?

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13. Have you ever been convicted of a DUI, drinking while under the influence of alcohol?
 Yes No If yes, when and what were the circumstances?

14. Do you use tobacco products? Yes No If so, what and how often?

15. Have you ever received treatment for alcohol or substance abuse? Yes No
If yes, please explain.

16. Have you ever been treated or hospitalized for a mental disorder? Yes No
If yes, please explain.

17. Have you ever been investigated or convicted of child abuse or neglect?
If yes, please explain. Yes No

18. Have you ever been investigated or convicted of sexually abusing or molesting a youth
18 or younger? Yes No If yes, please explain.

19. Are you willing to communicate regularly and openly with program staff, provide
monthly information regarding your mentees participation in activities, and receive
feedback regarding any difficulties during your participation in the mentoring program?
 Yes No

20. Are you willing to attend an initial one-day mentor training session? Yes No

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Please read this carefully before signing:

Stair Steps to Success Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program policies and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that Stair Steps to Success Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ I understand that I am not to transport any child involved in the Stair Steps to Success Mentoring Program in any vehicle as part of the Mentoring Program.

_____ (optional) I agree to allow Stair Steps to Success 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 return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license
- Information Release Form
- Personal References Form
- Interest Survey Form

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 or mail this application and the items listed above to:

**Stair Steps to Success Mentoring Program
Sharon Goss, Program Coordinator
PO Box 34
Sullivan, IN 47882**

812-229-0209

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Information Release

I, _____, understand it will be necessary for Stair Steps to Success (SSS) Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize SSS 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 SSS to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about me will be used to ensure and aid in facilitating a safe and successful match.

Signature Date

Full Name: _____

Other Names Used (maiden, previous marriage(s), etc.) and dates used:

Social Security Number: _____ (required for background check)

Date of Birth: ___/___/___ Gender: Male Female

Current Driver's License No.: _____ State: _____

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

City State From (mm/yy) To (mm/yy)

City State From (mm/yy) To (mm/yy)

City State From (mm/yy) To (mm/yy)

City State From (mm/yy) To (mm/yy)

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Personal 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 Stair Steps to Success 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: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

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Mentor Interest Survey

Name: _____ Date: _____

Please complete all of the following. This survey will help Stair Steps to Success Mentoring Program know more about you and your interests to better match you with a student.

Do you speak any languages other than English? Yes No

If so, which language? _____

Would you be willing to work with a child who has disabilities? Yes No

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Nature/Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Crafts	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

What are some favorite things you like to do with other people?

List any other areas of strong interest: