

# JP3 Juvenile Mentor Application

Date \_\_\_\_\_

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

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

Ethnicity: \_\_\_\_\_ Gender: Male/Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

E- Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family:      Single      Married      Divorced      Separated

Name of Spouse: \_\_\_\_\_ Children: \_\_\_\_\_

How did you hear about our Mentoring Program? \_\_\_ church \_\_\_ mentor \_\_\_ website \_\_\_ board/staff  
other \_\_\_\_\_

**Would you agree to have us check your name through federal and state criminal records of  
child abuse and neglect proceedings? (Please circle)    Yes    No**

Social Security Number: \_\_\_\_\_ (Required for background check)

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

## **Work Details: (For Purpose of Verification Only)**

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

Company: \_\_\_\_\_

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

List any special interests, skills or hobbies you have:

List examples of any prior volunteer experience:

### **Please circle the words that describe your personality:**

Spiritual                  Sensitive                  Quiet                  Outgoing

Adventuresome          Happy                  Shy                  Talkative

Confident                  Moody                  Nervous                  Friendly

Other: \_\_\_\_\_

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*How many teens are you willing to mentor?* \_\_\_\_\_

**List three personal references.** Only one may be family.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_

**If you agree to become a mentor, you will be asked to agree to the following basic requirements:**

- ◆ Meet with the mentee only in a public place.
- ◆ Immediately report any concerns of abuse, neglect or suicidal thoughts.
- ◆ To make a minimum commitment of 60 days maximum of 180 days.
- ◆ To maintain weekly contact with your mentee.
- ◆ To be dedicated and dependable in trying to assist your mentee achieve their goals.
- ◆ To base your relationship on respect for the mentee and their family.
- ◆ To email the Juvenile Case Manager once a week to inform her of the mentee's progress or concerns.

I certify that the information I have supplied is correct to the best of my knowledge. I give my permission to contact the references provided and to complete a background check.

We appreciate your interest in becoming a mentor. The information in this application will be kept confidential.

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