

# I.C.A.N. Mentor Program

## Mentor Application

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

Name: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Driver's license #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Length of employment: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

### Education:

High School: \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Colleges, Universities, or Trade School: \_\_\_\_\_

Have you ever been convicted of a crime?: \_\_\_\_\_ If "Yes", please explain: \_\_\_\_\_

Do you object to our agency running a background check on you?: \_\_\_\_\_

### Mentoring Information

Why do you want to be a mentor?: \_\_\_\_\_

Can you meet with a child as often as our program requires?: \_\_\_\_\_

Do you have any previous experience volunteering or working with youth?: \_\_\_\_\_

What times can you meet with your mentee?: During lunch: \_\_\_\_\_ After school: \_\_\_\_\_

After 5:00: \_\_\_\_\_ Weekends: \_\_\_\_\_ During regular business hours: \_\_\_\_\_

Do you have any hobbies or special skills?: \_\_\_\_\_  
\_\_\_\_\_

Can you speak any other languages? \_\_\_\_\_

### References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (please list only people you have known for at least a year):

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

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

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

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

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

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

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

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

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

### Please read this carefully before signing:

Our program appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment of \_\_\_\_\_ hours/month and \_\_\_\_\_ months.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)