

## Mentor Application

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Name:\_\_\_\_\_ Social Security Number\_\_\_\_\_

Home Address:\_\_\_\_\_ Email Address\_\_\_\_\_

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

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

Organization/Religious Institution Affiliate\_\_\_\_\_

Employer:\_\_\_\_\_ Supervisor's Name\_\_\_\_\_

Birthdate\_\_\_\_\_ Have you ever been convicted of a crime?\_\_\_\_\_

If yes, please explain\_\_\_\_\_

It is our desire to maximize public safety by appropriately matching mentors with mentees. Would you object to having an NCIC or other background check conducted for purposes of this program?

( ) Yes ( ) No

Would you prefer to work with ( ) Adults ( ) Juveniles? Pre-Release ( ) Post-Release ( )?

Why would you like to be a mentor?\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How often can you meet in person with the mentee?\_\_\_\_\_ How often can you telementor?\_\_\_\_\_

Do you have any previous experience volunteering or working with ex-offenders?\_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

What time can you meet with your mentee?

( ) During lunch ( ) After 5:00p ( ) Weekends ( ) During reg. bus. hours

In addition to English, do you speak any other language? \_\_\_\_\_

## **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 one year. At least one should be an employer*):

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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### **Please read this carefully before signing:**

Our program appreciates your interest in becoming a mentor to an offender. 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 agree to a minimum of four hours training annually with up to eight hours initial training.

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 per month and \_\_\_\_\_ months.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Upon completion of this document, please fax to us at (703) 765-9761.**