



MENTOR APPLICATION

Confidential Application For Volunteers
(Please **print** or **type** all information.)

Please complete the following questionnaire:

Name: Birthdate:
Ethnicity: Gender:
Marital Status: Spouse/Partner's Name:
Number of Children: Ages of Children:
Company Name: Title:
Work Address: City/State/Zip:
Work Phone: Fax:
Current Occupation: Hours of Employment:
Home Address: City/State/Zip:
Home Phone: E-mail:
Best time to be contacted: May we call you at work?

How did you hear about The Many Hands Mentoring?

Have you ever been convicted of a crime or are you currently released on bail, or on your own recognizance for any crime? Yes No

Have you been convicted for driving under the influence in the past 10 years (DUI)? Yes No

Do you object to our checking with appropriate authorities such as the Department of Justice, Federal Bureau of Investigation and the Illinois Department of Motor Vehicles for matters of public record regarding your background and history? Please indicate with a *yes* or *no* and initial.

.....
Please list the names and **complete** addresses of three unrelated references, one of which is a work reference. (References will have known you at least two years and are willing to discuss your character, reputation, and ethics.)

1. Ms./Mr.
Name **Address** **City/State/Zip**
Business (if a business reference) **Phone:**

2. Ms./Mr.
Name **Address** **City/State/Zip**
Business (if a business reference) **Phone:**

3. Ms./Mr.
Name **Address** **City/State/Zip**
Business (if a business reference) **Phone:**

MENTOR POLICY AND PROFILE

The above information is true to the best of my knowledge. I understand that I am not obligated, if called upon, to perform volunteer mentor services herein applied for, and that the agency is not obligated to assign, or actively seek to assign, a mentee to the applicant. I further agree to allow the staff of Many Hands Mentoring Program to elicit additional pertinent, personal information as part of the matching process.

In the event that I am chosen to mentor a youth, I agree to the commitment and to participate to the best of my ability. I will honor confidential information regarding my mentee. I will be free of the influence of alcohol or illegal drugs when with my mentee. I will inform the Mentor Coordinator of any changes in my address and/or phone numbers. I will inform the Mentor Coordinator in advance should I choose to stop volunteering.

Mentor Signature..... Date.....

***PLEASE PROVIDE A COPY OF YOUR DRIVER’S LICENSE AND PROOF OF AUTO INSURANCE.**

Auto Insurance Carrier:..... Exp. Date:.....

Please write in the State and County where you are willing to serve a mentee.

Do you know someone else who might be interested in being a mentor?

Name:

Address: Phone.....

Please return to:
Jay Shannon, Mentor Coordinator
Many Hands Mentoring, PO Box 5572, Bloomington, IL. 61702, (309) 820-1400

Many Hands Mentoring does not discriminate on the basis of race, creed, educational level, physical disability, age, gender, sexual orientation, or marital status.