

**FOR CYFS STAFF
ONLY**
DATE RECEIVED:



Mentoring Connection

In Partnership with:

Yamhill County Health & Human Services and Other Community Partners

MENTOR APPLICATION

Please return or mail this application to:

CYFS Mentoring Connection • 504 Villa Rd, Ste 3, Newberg, OR 97132 • 503-487-7551

Personal Information:

Name: _____ Date: _____
 First Last Middle

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Email: _____

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

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Residences:

Please provide residential information for the past five years:

Address	City	State	Dates

Education:

School/College	City	State	Dates

Volunteer Experience

Organization: _____ Duties: _____

Dates: _____

Organization: _____ Duties: _____

Dates: _____

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 _____
(m/year) (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Dates of Employment: _____ to _____
(m/year) (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Dates of Employment: _____ to _____
(m/year) (m/year)

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.

Write a brief statement on why you have chosen to participate in the mentor program?

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

How would you describe yourself as a person?

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

YES NO Can you commit to participate in the CHEHALEM YOUTH & FAMILY SERVICES MENTORING CONNECTION PROGRAM for a minimum of one year from the time you are matched with a youth?

YES NO Are you available to meet with a child eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.

YES NO Describe your general health. Are you currently under a physician's care or taking any medications? If yes, please explain.

YES NO Have you ever been arrested or convicted of a crime? If yes, what were the circumstances?

YES NO Have you ever used illegal drugs? If yes, what substances were used and how often?

YES NO Are you currently using any illegal drugs or controlled substances?

YES NO Do you have a medical marijuana card?

YES NO Do you drink alcoholic beverages? If yes, what and how often?

YES NO Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?

YES NO Do you use tobacco products or electronic cigarettes? If yes, what and how often?

YES NO Do you have any visible tattoos? If yes, please describe below:

YES NO Have you ever received treatment for alcohol or substance abuse? If yes, please explain below:

YES NO Have you ever been treated or hospitalized for a mental disorder? If yes, please explain below:

YES NO Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain below:

YES NO Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain below:

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

YES NO Are you willing to attend orientation and two training sessions per year after being matched?

Initial the statements below:

_____ I understand that the mentor program involves spending a minimum of one hour every week, one-on-one, for a period of 12 months with an assigned mentee.

_____ I understand that I will be required to complete an interview, criminal history background check, driving record check, urinalysis, orientation, and attend at least two mentor training sessions during the year.

In making this application to be a volunteer, I understand that the Mentoring Connection routinely performs criminal and driving record checks of all volunteers for the position of mentor for which I am applying. This check may be done on me if I sign below. If I fail to sign, it may be grounds for rejecting me as a mentor.

I understand the Mentoring Connection reserves the right to (1) refuse any volunteer applicant and (2) suspend or terminate any volunteer at any time if it is discovered that they made false statements during the application process or (3) at any time during their commitment they violate the Mentoring Connections Policies and Procedures.

I certify to the best of my ability that the information provided on this application is true and accurate.

Signature

Date

Personal References

Please list the names, addresses, and phone numbers of four 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 CHEHALEM YOUTH & FAMILY SERVICES MENTORING CONNECTION PROGRAM gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: _____ How long known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Reference's Name: _____ How long known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Reference's Name: _____ How long known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Reference's Name: _____ How long known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Mentor Interest Survey

Please complete all the following. This survey will help CHEHALEM YOUTH & FAMILY SERVICES MENTORING CONNECTION PROGRAM provide a good match for you.

Applicant Name: _____

What are the most convenient times for you to meet with your mentee?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10AM							
11AM							
Noon							
1PM							
2PM							
3PM							
4PM							
5PM							
6PM							
7PM							

Please indicate age group(s) and/or you are interested in working with:

Age : __11-14 __15-18 __19-21 Gender: _____

Do you prefer working with a student from a specific racial/ethnic group? If yes, please specify:

YES NO No Preference

Do you prefer working with a quiet, reserved child? YES NO No Preference

Do you prefer working with an outgoing child? YES NO No Preference

Do you speak any languages other than English? If yes, which languages? YES NO

Would you be willing to work with a child who has disabilities? YES NO If yes, please specify disabilities you would be willing to work with:

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

What would you like to do with a mentee?

What qualities would you like in a mentee?

What individual served as a role model for you? Why?

What clubs or groups, if any, do you belong to?

What are your favorite subjects to read about? If you could recommend one book for your mentee to read, what would it be?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

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"/>	Drawing
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping
<input type="checkbox"/>	Reading	<input type="checkbox"/>	Writing	<input type="checkbox"/>	Computers	<input type="checkbox"/>	Zoos	<input type="checkbox"/>	Photography
<input type="checkbox"/>	Museums	<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Exploring	<input type="checkbox"/>	Nature	<input type="checkbox"/>	

My favorite subject in school was:

My least favorite subject in school was:

List any other areas of strong interest:

Is there anything else that you would like to describe about yourself that may help us find the best mentee for you?

Please return or mail this application to:

CYFS Mentoring Connection • 504 Villa Rd, Ste 3, Newberg, OR 97132 • 503-487-7551
