



## COMMUNITY CONNECTIONS YOUTH MENTORING PROGRAM

### Mentor Application

#### Personal Information

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female  
mm dd yyyy

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

#### Employment History

Please provide employment information for the past two employers, with most recent position first.

1) Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_



2) Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

### **Application Questions**

*Please answer all of the following questions as completely as possible (and feel free to attach extra paper if necessary).*

1. Why do you want to become a mentor?

2. Do you have any previous experience volunteering or working with youth? If so, please specify.

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

a) Do you have a specific interest in working with children/youth with special needs?

4. How long can you commit to participate in the Community Connections Youth Mentoring Program?



5. Are you available to meet with a child a minimum of eight hours per month and have contact on a regular basis? Please explain any particular scheduling issues.

6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.

7. How would you describe yourself as a person?

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

9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

10. Have you ever used illegal drugs? If so, what substances were used and how often?

11. Are you currently using any illegal drugs or controlled substances?

12. Do you drink alcoholic beverages? If so, what and how often?

13. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?

14. Do you use tobacco products? If so, what and how often?

15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.



16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.

17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.

18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.

19. 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?

**Please read this carefully before signing:**

Community Connections Youth Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I understand that Community Connections Youth Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ (*optional*) I agree to allow Community Connections Youth Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

\_\_\_\_\_ I release the Community Connections Youth Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Community Connections mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.



I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- Driving Abstract
- Consent to a Criminal Record Check

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

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Signature

Date

*Please return or mail this application and the items listed above to:*

**Youth Mentoring Program**

Community Connections (Revelstoke) Society

Attention: Kelly Silzer

314 2<sup>nd</sup> St. East

Box 2880

Revelstoke B.C.

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