

PM Reviewed
Initials: _____
Date: _____

YOUTH CONNECTIONS S.T.E.P. MENTORING PROJECT
Mentor Application

Annual In-service
Date Complete

____/____/____

Personal Information

County: Clayton Cobb Coweta DeKalb Fayette Fulton Gwinnett Henry Rockdale

Project: STEP I STEP II

Name: _____ Date: _____

Street Address: _____ City: _____ Zip: _____

Home phone: () _____ Work phone: () _____ E-mail _____@_____

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

Do you use social media? Facebook Twitter LinkedIn Other: _____

Please provide a description of the automobile that will be used to transport the mentee:

Primary Auto

Year: _____ Make: _____ Model: _____ Color: _____ Tag: _____

Secondary Auto

Year: _____ Make: _____ Model: _____ Color: _____ Tag: _____

Do you plan to use public transportation to transport your mentee? Yes No

Have you had any major moving violations in the last 3 years? Yes No If yes, please explain:

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Current Employer

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: () _____ Date of Employment: _____ to _____ (mo/year)

Position Held: _____

YOUTH CONNECTIONS S.T.E.P. MENTORING PROJECT

Personal References

Please provide one personal reference and one professional reference you would like to use as a character reference. Any information Youth Connections S.T.E.P. Mentoring Program obtain from these references will be held as confidential information.

1. Reference Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship: _____ Years Known: _____

2. Reference Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Can we send correspondence to your employer informing them of your volunteerism? Yes No

Check all activities that interest you:

Biking	Camping	Science	Cooking	Library	Sewing
Hiking	Boating	Music	Sports	Yoga	Church
Golf	Swimming	Gardening	Parks	Movies	Dancing
Fishing	Animals	Reading	Board Games	Shopping	Scrap Booking

Please indicate the age group you are interested in mentoring: 4-7 8-11 12-13 14-15 16-18 No Preference

Can you commit to participate in the Mentoring Project for a minimum of one year and be available to meet and/or have contact at least 4 hours per month? Yes No If No, please explain. _____

Please answer 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.

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.

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

5. Have you even been arrested or convicted of a crime? Yes No If yes, what were the circumstances?

6. Have you ever or are you currently using any illegal drugs or controlled substances? Yes No If yes, please explain. _____

7. Do you drink alcoholic beverages? Yes No If yes, what and how often? _____

8. Have you ever been convicted of a DUI, drinking while under the influence of alcohol?
 Yes No If yes, when and what were the circumstances? _____

9. Do you use tobacco products? Yes No If so, what and how often? _____

10. Have you ever been treated or hospitalized for a mental disorder? Yes No If yes, please explain. _____

11. Have you ever been investigated or convicted of child abuse, child neglect, sexual abuse or molesting a child?
 Yes No If yes, please explain. _____

Youth Connections S.T.E.P. Mentoring Project appreciates your interest in becoming a mentor.

Please read and initial each of the following:

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

_____ I understand that the mentoring project is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ I agree to allow the mentoring project to use any photographic image of me taken while participating in the mentoring project. These images may be used in promotions or other related marketing materials.

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

_____ Proof of Auto Insurance

_____ SafetyNet Information Release Form

_____ Youth Connections Information Release Form

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

Signature

Date

**Please return or mail this application and the items listed above to
Youth Connections, Inc. S.T.E.P. Mentoring Project, 215 Lakewood Way, Suite 203, Atlanta, GA 30315
(404) 474-7479 Office (404) 496-4479 Fax
Email us at: info@youth-connect.net
Visit us on the web at: www.youth-connect.net**