



SHAPE

Sharing Hope And Personal Experiences

Mentor Application

Personal Information

Name: _____

Date: _____ Street Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

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

Ethnicity: White Hispanic African American Asian Other: _____

Phone Number: _____

Please list all members of your household.

Name	Gender	Age	Relationship to Applicant

Employment History

Please provide employment information for the past 5 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)

Position Held: _____

Applicant's Name: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

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

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

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

Position Held: _____

Applicant's Name: _____

Emmanuel Apostolic Church History

1. How long have you been a covenant member of this church?
2. What ministries are you involved in? (if any)
3. What title/position do you hold (have 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.

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. Can you commit to participate in the SHAPE Mentoring Program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child eight hours per month and have face-to-face contact at least once per week? 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, driving 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?
20. Are you willing to attend an initial mentor training session?

Please read this carefully before signing:

SHAPE 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 SHAPE Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ I agree to report child abuse within 24 hours of knowledge and/or incident.

_____ (optional) I agree to allow SHAPE 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.

_____ (optional) I understand that SHAPE Mentoring program (Emmanuel Apostolic Church) reserve to right to request a background check.

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
- Information Release Form
- Personal References Form
- Interest Survey Form

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

Signature _____ Date _____

Please return application and the items listed above to the church office:

Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help SHAPE Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays Lunchtime After school Evenings Weekends Other

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

Age: 8-12 13-16 17-21 Ethnicity: _____

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with.

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

What are your favorite subjects to read about?

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?