

Mentor Application

Personal Information

Name: _____ Today's Date: ___/___/___ Date of Birth: ___/___/___

Gender: _____ Current Volunteer? Yes ___ No ___ Social Security Number* : _____ - _____ - _____

Driver's License Number: _____ (If you operate a personal vehicle)

Address: _____
Address City State Zip

Phone: _____ Email: _____
Is this: CELL HOME

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Occupation: _____ Employer: _____

Work Address: _____
Address City State Zip

Work Phone: _____ Work E-mail: _____

Previous Employment (Last Five Years):

Prior Occupation: _____ Employer: _____

Work Address: _____
Address City State Zip

Work Phone: _____ Work E-mail: _____

Prior Occupation: _____ Employer: _____

Work Address: _____
Address City State Zip

Work Phone: _____ Work E-mail: _____

How did you learn about the volunteer opportunities at LearningWorks? _____

Educational Experience? High School [] College [] Graduate [] _____

* Your Social Security Number, along with the rest of the information on this application will be kept in a confidential file. That being said, if you do not feel comfortable writing it now, you may share it with us in person later, and we will write it down.



Mentor Application

Applicant Questions

Why would you like to be a mentor at LearningWorks?

What experience(s) or characteristics of yours do you think will inform your ability to be a good mentor?

Describe someone who was once a mentor to you? What did you take away from your relationship?

Do you have any previous experience working with any of the populations we serve (kids, immigrant/refugee adults, at-risk youth, etc.)?

How would your friends describe you?

What do you think would be the biggest challenge of being a mentor?

What language(s) do you speak?

References

Please list two references, not related to you (work, school, other volunteer experiences):

Name _____ Phone: _____ E-mail: _____
Relationship to you: _____ How long you have known this reference: _____

Name _____ Phone: _____ E-mail: _____
Relationship to you: _____ How long you have known this reference: _____

and one reference who lives with you or is related to you:

Name _____ Phone: _____ E-mail: _____
Relationship to you: _____ How long you have known this reference: _____

Background

The following information is asked of all individuals who apply to mentor to help insure the safety of our mentees and the success of the relationship.

Have you ever been charged with or investigated for sexual abuse or harassment of another person?
Yes _____ No _____

Have you ever been convicted of a crime (other than a minor traffic offense)?
Yes _____ No _____

Have you ever entered a plea of guilty or “no contest” (nolo contendere) to any crime (other than a minor traffic offense)?
Yes _____ No _____

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty, or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)?
Yes _____ No _____

If you answered YES to any of the above questions, provide full details below, including with respect to court actions, the date, the offense in question, and the address of the court involved (attach additional page(s) if necessary).

If you have lived outside of Maine, please identify the states and dates:

As a LearningWorks mentor, we expect you to serve as an appropriate role model and to refrain completely from the use of tobacco, alcohol or drugs and any criminal activity while working as a mentor. If you have had substance abuse or mental health issues in the past that may interfere with your commitment, the relationship, or your ability to serve as an appropriate role model or guide, we expect you to discuss that with us.

Information Release

I, _____, understand it will be necessary for LearningWorks to conduct a background check regarding my driving record, criminal history, references, and employment.

I authorize LearningWorks to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and references for the purposes of participating in a mentoring program. Further, I provide permission for LearningWorks to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to aid in facilitating a safe and successful match relationship.

Signature

Date

Program Expectations

Please read the following carefully and initial if it applies.

_____ I understand that LearningWorks Mentoring involves spending time with my mentee(s) for a minimum of **4** hours every **month** for the duration of **one year**.

_____ I understand that I will be expected, as a LearningWorks mentor, to communicate regularly and openly with the Mentor Coordinator or other LearningWorks staff and to provide detailed information regarding my mentor activities on a monthly basis.

_____ I understand that I will be required to complete training prior to being matched.

_____ I understand that before being matched I will be made familiar with LearningWorks mentoring program guidelines and agree to abide by them, and I understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that LearningWorks takes many factors into consideration in ensuring the likelihood that a volunteer mentor will be successful in the program and in the relationship and that LearningWorks Mentoring Program is not obligated to provide a reason for their decision in the event of not accepting me as a mentor.

_____ (*optional*) I agree to allow LearningWorks 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 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:

- Completed Application Packet
- If own and plan to use an automobile while mentoring:
Copy of your valid driver's license and proof of auto insurance, DMV Release Form (state agency 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 or mail this application and the items listed above to:

Mentoring Program Coordinator, LearningWorks, 181 Brackett St., Portland, ME 04102.

Interest Survey Name: _____

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

Program in which you desire to mentor
(Rank your choices if you would consider more than one program):

- ___ Youth Building Alternatives
- ___ English Language Program
- ___ Afterschool Program
- ___ Affordable Housing

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

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends: ___ Other: ___

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

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

Are there any skills or hobbies you have learned through working that you would feel comfortable teaching?

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

Describe your ideal Saturday.

Please check any recreational activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Museums	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Reading
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Dance/Yoga
<input type="checkbox"/>	Fixing things	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals/ Pets	<input type="checkbox"/>	Art	<input type="checkbox"/>	Games	<input type="checkbox"/>	Crafts

Please list any other areas of strong interest: