



YOUTH CENTER MENTORING PROGRAM

Making a Difference through Adults in Action

MENTOR APPLICATION

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone Nos: _____
MOBILE PHONE WORK PHONE

Social Security No: _____ (used for background check only)

Date of Birth: _____
MO/DAY/YEAR

Gender: Male Female

Emergency: _____
CONTACT NAME PHONE NUMBER

EMPLOYMENT HISTORY

Please provide employment information for the past three (3) years, with the most recent position held first. If more space is needed, use an extra sheet of paper.

Employer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone No: _____ Position Held: _____

Supervisor's Name: _____ Title: _____

Employment Dates: _____ to _____
MONTH/YEAR MONTH/YEAR



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Employer: _____

Address: _____

CITY

STATE

ZIP

Phone No: _____ Position Held: _____

Supervisor's Name: _____ Title: _____

Employment Dates: _____ to _____
MONTH/YEAR MONTH/YEAR

Employer: _____

Address: _____

CITY

STATE

ZIP

Phone No: _____ Position Held: _____

Supervisor's Name: _____ Title: _____

Employment Dates: _____ to _____
MONTH/YEAR MONTH/YEAR

Employer: _____

Address: _____

CITY

STATE

ZIP

Phone No: _____ Position Held: _____

Supervisor's Name: _____ Title: _____

Employment Dates: _____ to _____
MONTH/YEAR MONTH/YEAR



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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 Youth Center mentoring program for a minimum of three months from the time you are matched with a youth?
5. Are you available to meet with the mentee for one hour 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, 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? If so, what were the circumstances?



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10. Have you ever been convicted of a crime other than minor traffic offenses? If so, what were the circumstances?

11. Do you have a valid driver's license? If so, please provide the following:

- a. State in which licensed:
- b. ID Number:

12. Has your driver's license ever been suspended or revoked? If so, please describe the circumstances.

13. Have you ever been involved in an automobile accident where you were the driver? If the answer is yes, please describe the circumstances surrounding each such accident.

14. What level of liability insurance coverage do you maintain on your vehicle?

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

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

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



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

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

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

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

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

23. 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?



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PLEASE READ THIS CAREFULLY BEFORE SIGNING

Youth Center 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 the Youth Center 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 the Youth Center 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 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:

- Valid copy of my driver's license and proof of auto insurance, and the declarations page from my automobile insurance policy showing level of liability coverage
- Information Release Form
- Personal References Form
- General Liability Waiver
- Transportation Waiver



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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:

HELP of Southern Nevada
ATTN: Mentor Program
1640 E. Flamingo Road, Suite 100
Las Vegas, NV 89119



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**MENTOR APPLICATION
YOU KEEP THIS FOR YOUR RECORDS**

Finger Print Background Check Location

FINGER PRINTING PROS

on Maryland and Sahara in the Smith's parking lot

2620 S. Maryland Pkwy – #7

Las Vegas, NV 89109

(702) 734-2665