



The SKY Program MENTOR APPLICATION



Personal Information:

Name _____ Gender M F
 First Middle Last T-Shirt Size _____

DOB: ____ / ____ / ____

Address _____
 Street City State ZIP

Home phone _____ Mobile phone _____

Name/address of employer _____

Work phone _____ Occupation _____

E-mail address _____

Emergency Contact:

Name _____ Relationship _____

Address (if different from above) _____

Home Phone _____ Mobile Phone _____

Volunteer Information:

1. Indicate your grade preference: Elementary
 Middle School
 High School

2. What do you feel are the strengths, skills and/or attributes (bilingual, math skills, excellent listener, etc.) you can bring to this program?

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

4. Write a brief statement on why you have chosen to volunteer as a mentor.

5. Please read carefully before initialing the statements below:

_____ I understand that the mentor program involves spending a minimum of one hour every week for the at least one year with an assigned mentee.

_____ I understand if selected, I will be required to complete a thorough background screening, the initial mentor program training and at least two additional training sessions during the year.

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

_____ (optional) I agree to allow The SKY Program to use any photographic images of me taken while participating in the Program. I understand these images may be used in promotional and marketing materials.

_____ I understand I must return all of the following completed items to complete the application process, and that any incomplete information will result in the delay of my final acceptance as a mentor.

- Copy of your valid driver's license
- Interest Survey (please see next page)
- Release Statement Form
- Mentor Agreement

6. Yes No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

7. Yes No Are you under current indictment of an official complaint for any of the offenses in question #5?

8. If the answer is YES to questions 5 or 6, please explain below:

9. Educational Background (mark the highest level completed):

High school graduate

College graduate

Technical school

Graduate/professional school

Some college

Other (please specify) _____

10. What days of the week are you available to volunteer? (check all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

11. What is the best time for you to volunteer? (check all that apply):

Mornings Afternoons Evenings Weekends

12. Please list four references (please include at least one family member, one personal friend and one work reference):

Name _____	Name _____
Address _____	Address _____
City _____ ST/ZIP _____	City _____ ST/ZIP _____
Phone number _____	Phone number _____
Relationship _____	Relationship _____
 Name _____	 Name _____
 Address _____	 Address _____
 City _____ ST/ZIP _____	 City _____ ST/ZIP _____
 Phone number _____	 Phone number _____
 Relationship _____	 Relationship _____

In making this application to be a volunteer, I understand that The ***SKY Mentoring Program*** routinely performs background screening and driving record checks of all volunteers for the position of mentor for which I am applying. This check may be done on me if I sign below. If I fail to sign, it may be grounds for rejecting me as a mentor.

By signing below, I certify to the best of my ability that the information provided on this application is true and accurate and agree to all of the above terms and conditions. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature

Date

Interest Survey:

1. Do you prefer working with a particular age group?

6-8 9-11 12-14 15-16 No Preference

2. Do you prefer working with a girl or boy? Girl Boy No Preference

3. Do you prefer working with a quiet, reserved child? Yes No No Preference

4. Do you prefer working with an outgoing child? Yes No No Preference

5. Do you prefer working with a student from a specific racial/ethnic group? Yes No No Preference
If yes, please specify: _____

6. Do you speak a foreign language? _____ If yes, please specify: _____

7. Please list any hobbies or interests you may have: _____

8. What would you like to do with a mentee? _____

9. What clubs or groups, if any, do you belong to? _____

10. My favorite subject in school was _____

11. My least favorite subject in school was _____

12. Please put an X by the activities you enjoy the most:

- ___ Playing sports such as _____
- ___ Watching sports such as _____
- ___ Writing
- ___ Reading
- ___ Listening to music such as _____
- ___ Photography
- ___ Attending plays
- ___ Going to the movies
- ___ Arts and crafts
- ___ Visiting zoos and parks
- ___ Visiting museums
- ___ Using computers
- ___ Playing games
- ___ Cooking
- ___ Exploring possible careers
- ___ Hiking and seeing nature
- ___ Other _____

13. What qualities would you like in a mentee? _____

14. What individual has served as a role model for you? Why? _____

15. If you could recommend one book for your mentee to read, what would it be?

The SKY Program
MENTOR RELEASE STATEMENT

I, the undersigned, hereby state that if accepted as a mentor/volunteer, I agree to abide by the rules and regulations of **The SKY Mentoring Program** (The Program), which I acknowledge have been communicated to me, which I understand, and which may be revised without notice to me from time to time. I also agree to abide by all applicable laws. I acknowledge and agree that The Program requires me to spend a minimum of one hour/week based on scheduled activities. Further, I agree to attend all required training sessions and the regular meeting updates. I am willing to commit to at least one year in the program and then may be asked to renew for another year, at my option. During all times in which I am participating in The Program, I understand that I will be required to keep in regular contact with my mentee and communicate with program manager or designee frequently.

I understand that my participation in The Program is completely voluntary, and such participation is not warrant any results or benefits of the Program other than the benefits of empowering the mentee.

I hereby certify that I have not been convicted, within the past 10 years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment.

Further, I hereby fully release, discharge and hold harmless The Program, participating organizations and all of the foregoing's employees, officers, directors and managers from any and all liability, claims, causes of action, costs and expenses arising from, relating to, or which may be, or may at any time hereafter become, attributable to my participation in the Program.

I understand that The Program staff reserves the right to terminate any mentor from The Program at any time for any reason. I agree to limit my actions to the activities permitted within the confines of the program's policies. I understand that any relationships or contact established between mentor/mentee and family members beyond the organized and acceptable activities of The Program are neither encouraged nor condoned. I give permission for program staff to conduct a background screening and verify any and all information provided by me on The Program application, as part of the screening for entrance into The Program, including without limitation verification of personal and employment references as well as a criminal check with the local authorities and give consent to the Clerk of Courts to provide record of my driving history to The Program. The Program staff has final right of acceptance of applicant into the program at their sole discretion.

I have read the above Mentor Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

Signature of Volunteer

Date

Signature of Program Manager

Date

**The SKY Mentoring Program
MENTOR AGREEMENT**

As a volunteer mentor with **The SKY Mentoring Program**, I agree to

- Make at least a one-year commitment to mentoring and commit to four contact hours on a monthly basis;
- Attend a training session;
- Be on time for scheduled meetings;
- Notify the program director if I am unable to keep my weekly mentoring session;
- Engage in the relationship with an open mind;
- Accept assistance from my mentee's teacher and/or school support staff;
- Keep discussions with my mentee confidential, unless the child's safety or well-being is at risk or I suspect child abuse;
- Ask program support staff and/or my business liaison when I need assistance, do not understand something or am having difficulty with my mentoring relationship;
- Notify the program manager of any changes in my employment, address and telephone number;
- Notify the program coordinator of any significant change in my mentee; and
- Refrain from contacting or seeing my mentee outside of any established parameters and guidelines.

Print Name

Signature

Date