

Rites of Passage Youth Mentorship Program
MENTOR APPLICATION & QUESTIONNAIRE FORM

Personal Information:

Name: _____

Date: _____

Street Address: _____

Home phone: _____

Cell/Work phone: _____

OHIP Number: _____

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

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.

1. Employer: _____

Address: _____

Contact Phone Number: _____

Supervisor's Name: _____

Dates of Employment (month/year-month/year) _____ - _____

Position Held: _____

2. Employer: _____

Address: _____

Contact Phone Number: _____

Supervisor's Name: _____

Dates of Employment (month/year-month/year) _____ - _____

Position Held: _____

3. Employer: _____

Address: _____

Contact Phone Number: _____

Supervisor's Name: _____

Dates of Employment (month/year-month/year) _____ - _____

Position Held: _____

Personal References:

Please provide three personal references who have known you for over five years.

1. Name: _____

Address: _____

Phone Number: _____

Relationship to Applicant: _____

Years known Mentor Applicant: _____

2. Name: _____

Address: _____

Phone Number: _____

Relationship to Applicant: _____

Years known Mentor Applicant: _____

3. Name: _____

Address: _____

Phone Number: _____

Relationship to Applicant: _____

Years known Mentor Applicant: _____

Application Questions:

Please answer all of the following questions as completely as possible.

1. Why do you want to become a mentor?

2. Do you have any previous experience volunteering or working with at-risk 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 Rites of Passage Youth Mentorship Program for a minimum of one year from the time you are matched with a youth?

5. Are you available to meet with a youth for four hours per month and have 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. What in your opinion are your greatest strengths and weaknesses 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 YMP Coordinator, provide bi weekly 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 mandatory mentor training session and two in service training sessions per year after being matched?

Please read this carefully before signing:

Rites of Passage Youth Mentorship 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 Rites of Passage Youth Mentorship Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow Rites of Passage Youth Mentorship 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:

- Copy of your valid driver's license and proof of auto insurance (Only if willing to transport your mentee during mentorship activities)
- Information Release Form
- Confidentiality Agreement
- Vulnerable Sector Police Reference Check

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 _____