

AmeriCorps: Department of Human Services
Mentor Application

Application Date: _____

Name: _____

Date of Birth: _____

Email: _____

Gender: M / F

Home Phone: _____

Address: _____

Cell Phone: _____

City: _____ State: _____

Work Phone: _____

Zip: _____

Permanent Address? _____

Preferred Method of Communication:

- Email
- Home Phone
- Cell Phone
- Work Phone

Race:

- African American
- American Indian/Native American
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latino
- Multi-racial
- Other

Primary Religion:

- Buddhist
- Catholic
- Christian
- Hindu
- Jewish
- Muslim
- Protestant
- Other
- None/Atheist

Primary Language:

- English
- Spanish
- Other

Sexual Orientation:

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Questioning
- Transgender
- N/A

Secondary Language:

- English
- Spanish
- Other

Marital Status:

- Single
- Married
- Divorced
- Domestic Partnership
- Separated
- Widowed

Household Income:

- <\$10,000
- \$10,000-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- >\$150,000

Military Service:

- Yes
- No

Smoker:

- Yes
- No

Disabled:

- Yes
- No

Type of Disability:

- Cognitive
- Physical
- Other _____

Do you want to mentor a child with a similar disability? _____

Time Availability:

- Before School
- AM Block
- Lunch
- PM Block
- After School

Factors for Mentor Motivation:

- Want to help young people succeed
- Want to make a difference in someone's life
- Want to give back to the community
- Religious/Spiritual reasons
- Someone helped when you were young
- Other _____

Drivers License? Yes No

Date Issued: (MM/YY) _____

License State: _____

License Number: _____

Expiration Date: _____

Do you have reliable transportation? Yes No

Education:

Education Level:

- No Degree
- High School Diploma or equivalent (GED)
- Some College
- Associates Degree
- Bachelors Degree
- Masters Degree
- Terminal Degree (PhD, JD, MD etc.)
- Other

Degree Date: _____

School Name: _____

Date Started: _____

Date Ended: _____

Recent Employment History

Employer: _____

Address: _____

Position Held: _____

Dates Employed: _____ Reason for Leaving: _____

Brief Job Description: _____

Employer: _____

Address: _____

Position Held: _____

Dates Employed: _____ Reason for Leaving: _____

Brief Job Description: _____

Previous Experience Working with Youth:

Agency: _____

Address: _____

Position Held: _____

Direct Supervisor: _____

Phone Number: _____

Description of Duties: _____

Agency: _____

Address: _____

Position Held: _____

Dates of Experience: _____

Direct Supervisor: _____

Phone Number: _____

Description of Duties: _____

Agency: _____
Address: _____
Position Held: _____
Dates of Experience: _____
Direct Supervisor: _____
Phone Number: _____
Description of Duties: _____

Additional Volunteer Experience (please include time frames of volunteering):

Certifications, Training, Awards, Skills received that benefit applicant with Youth Mentoring:

Would you be willing to submit to a Criminal History/Background Check? Yes ___ No ___

References

Name: _____
Position: _____
Address: _____

Relation to Applicant: _____
Phone Number: _____
Alternative number: _____
E-mail: _____

Name: _____
Position: _____
Address: _____

Relation to Applicant: _____
Phone Number: _____
Alternative number: _____
E-mail: _____