

**YOUTH MENTORING PROGRAM**  
*First Nations Community HealthSource*

**Mentor Application**

**Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Social Sec. #: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

**Employment History**

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

- 1<sup>st</sup>

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

- **2<sup>nd</sup>**

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

- **3<sup>rd</sup>**

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

## 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 Mentoring 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 Mentoring Program for a minimum of one year from the time you are matched with a youth?
  
  
  
  
  
  
  
  
  
  
5. Are you available to meet with a child eight 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. 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 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, drinking 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 program staff, provide monthly 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 Mentor training session and two in-service training sessions per year after being matched?

**Please read this carefully before signing:**

Youth 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 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 Youth 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:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- DMV Release Form (state agency form)
- Criminal History Release Form (state agency form)
- Child Abuse and Neglect Release Form (state agency form)
- Sexual Offender 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 Youth Mentoring Program, First Nations Community HealthSource, 5608 Zuni Rd SE, Albuquerque, NM 87108.

**YOUTH MENTORING PROGRAM**  
*First Nations Community HealthSource*

**Information Release**

I, \_\_\_\_\_, understand it will be necessary for Youth Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize First Nations Community HealthSource 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 personal references for the purposes of participating in a Mentoring program. Further, I provide permission for First Nations Community HealthSource to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about me 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 ensure and aid in facilitating a safe and successful match relationship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Please list any other cities, states, and dates of residency during the past 10 years.

_____	_____	_____	_____
City	To (m/year)	State	From (m/year)

_____	_____	_____	_____
City	To (m/year)	State	From (m/year)

_____	_____	_____	_____
City	To (m/year)	State	From (m/year)

_____	_____	_____	_____
City	To (m/year)	State	From (m/year)



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## Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information Youth Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

**YOUTH MENTORING PROGRAM**  
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**Mentor Interest Survey**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Weekdays: \_\_\_\_\_ Lunchtime: \_\_\_\_\_ After school: \_\_\_\_\_

Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_ Other: \_\_\_\_\_

Please indicate age group(s) and/or you are interested in working with:

Age: 4-6 \_\_\_\_\_ 7-10 \_\_\_\_\_ 11-15 \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Do you speak any languages other than English? If so, which languages?

\_\_\_\_\_

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with.

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

What are your favorite subjects to read about?

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

What is one goal you have set for the future?

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

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of strong interest:

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**Mentor Contract**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

By choosing to participate in the Youth Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the Case Managers, Mentor training, program policies, and this contract
- Be flexible and provide the necessary support and advice to help my Mentee succeed
- Make a one-year commitment to being matched with my mentee
- Meet at least four hours per month with my mentee
- Make at least weekly contact with my mentee
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my Mentee at least 24 hours beforehand if I am unable to make a meeting
- Submit monthly meeting times and activities to the Case Managers, and regularly and openly communicate with the Case Managers as requested
- Participate in at least one group activity per quarter (totaling to 4 annually).
- Inform the Case Managers of any difficulties or areas of concern that may arise in the relationship
- Keep any information that my Mentee tells me confidential except as may cause him or others harm
- Always obey traffic laws when in the presence of my Mentee and keep a copy of his/her health insurance coverage in the automobile at all times when traveling together
- Never be in the presence of my Mentee when I have or am consuming alcohol, tobacco, or controlled substances
- Participate in a closure process when that time comes
- Notify the Case Managers if I have any changes in address, phone number, or employment status
- Attend in-service Mentor training sessions twice per year

\_\_\_\_\_ (please initial) I understand that upon match closure, future contact with my Mentee is beyond the scope of the Youth Mentoring Program and may happen only by the mutual consensus of the Mentor, the mentee, and parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the Case Managers at this time or in the future.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)