



**TEACH SKILLS.
GAIN WORK.
LOVE FIRST.**

Our Mission:

"Serving Hope by teaching food service work and life skills through Christ's love."

MENTOR APPLICATION

Serving Hope, Inc. Mentor Application

All potential mentors are required to complete an application and attend an interview prior to acceptance as a Serving Hope, Inc. mentor. Each accepted mentor will be provided with a training session/s, program description and resources needed prior to beginning their mentoring. Serving Hope, Inc. reserves the right to decline a mentor applicant for any reason at any time.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Maiden Name (if applicable) _____ Birthdate / / Ethnicity: _____ (for grant purposes)

Full Address: _____ City, State _____ Zip Code: _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Email address: _____

Current place of work: _____

Current job position: _____

Please complete the following: How did you learn about the *Serving Hope, Inc.* mentor program?

<input type="checkbox"/> Mentor/Volunteer Fair	<input type="checkbox"/> Current Mentor/Volunteer	<input type="checkbox"/> Church _____
<input type="checkbox"/> Former Student	<input type="checkbox"/> Cyn-Shea's	<input type="checkbox"/> Cyn-Shea Employee
<input type="checkbox"/> Serving Hope Board Member	<input type="checkbox"/> Serving Hope Employee	<input type="checkbox"/> Current Student
<input type="checkbox"/> Social Media ()FB ()LinkedIn ()Website	<input type="checkbox"/> Friend	
<input type="checkbox"/> School	<input type="checkbox"/> Other _____	

EDUCATION AND/OR TRAINING

Please include information from college, and/or other educational training.

Institution Name	Area/Major	Years Studied
_____	_____	_____
_____	_____	_____
_____	_____	_____

PREVIOUS MENTOR/VOLUNTEER EXPERIENCE

Please include information from your most current volunteer experiences

Institution Name	Position Held	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

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TIME COMMITMENT/AVAILABILITY

Fixed Schedule Need Flexible Schedule (please include times)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____

MENTOR INTEREST

What talent(s), gift(s) and/or skill(s) do you have that would add to the mentoring experience for our students?

<input type="checkbox"/> Media Literacy	<input type="checkbox"/> Photography	<input type="checkbox"/> Playing Games
<input type="checkbox"/> Culture/Arts	<input type="checkbox"/> Attending Plays	<input type="checkbox"/> Going To The Movies
<input type="checkbox"/> Writing	<input type="checkbox"/> Economic Literacy	<input type="checkbox"/> Arts and Crafts
<input type="checkbox"/> Science and Math Education	<input type="checkbox"/> Cooking	<input type="checkbox"/> Hiking/Seeing Nature
<input type="checkbox"/> Reading/Library	<input type="checkbox"/> Using Computers	<input type="checkbox"/> Social Skill Building
<input type="checkbox"/> Sports, Health and Fitness	<input type="checkbox"/> Exercise	<input type="checkbox"/> Visiting Zoos and Parks
<input type="checkbox"/> Youth Leadership	<input type="checkbox"/> Exploring Possible Careers	<input type="checkbox"/> Visiting Museums
<input type="checkbox"/> Bible Study	<input type="checkbox"/> Life Skills	<input type="checkbox"/> Networking
<input type="checkbox"/> Playing Sports Such As _____		
<input type="checkbox"/> Watching Sports Such As _____		
<input type="checkbox"/> Listening to Music Such As _____		
<input type="checkbox"/> Other _____		

I am interested in being a Mentor Team Leader

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

Why? _____

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

Do you prefer working with a Male Female No Preference

Do you prefer working with a quiet, reserved student? Yes No No

Do you prefer working with an outgoing student? Yes No No

Do you prefer working with a student from a specific racial/ethnic group? Yes No No

If yes, please specify:

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ADDITIONAL INFORMATION

Do you speak an additional language(s)? Yes No If yes, please specify: _____

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

Your favorite subject in school was _____

Your least favorite subject in school was _____

Please list hobbies, interests, club affiliations, previous volunteer or work experience that would contribute to your experience at *Serving hope, Inc*:

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 and/or intoxication and/or a violation involving a state/federally controlled substance? Yes No

Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses the previous question? Yes No

If the answer is YES to either question listed above, please explain:

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CONSENT and REFERENCES

PLEASE READ and INITIAL THE FOUR STATEMENTS BELOW:
(If you have any questions please feel free to ask)

_____ I understand that the mentor program involves spending a minimum of one hour every week for the academic year, in addition to being available in a professional capacity for my mentee, which includes but is not limited to providing answers to questions, solicited advice and listening to my mentee.

_____ I understand that I will be required to complete the mentor program orientation and training and at least two training sessions during the year.

_____ I acknowledge that it has been explained to me that corporal punishment; restraining or any type discipline to children/youth/students is not allowed and will not be tolerated. Any act of such kind may result in rejection of application, immediate termination of service and may be punishable by law.

_____ I grant permission to *Serving Hope, Inc.* to conduct a character reference, arrest record /criminal history background check using information I provided within this application.

_____ I understand that as a mentor with *Serving Hope, Inc.* I am a mandated reporter.

_____ I understand that the mentoring position with *Serving Hope, Inc.* is a volunteer position.

_____ I understand that *Serving Hope, Inc.* is a NO-Tolerance Drug Free and Smoke Free workplace.

Please list four references (please include at least one family member, one personal friend and one work reference) who can speak about your volunteer/mentoring and/or work experience

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

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

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

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

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INFORMATION RELEASE

Permission to complete background check:

In completing this application to be a mentor, I understand that *Serving Hope, Inc.* routinely performs criminal and driving record checks of all volunteers for the position of mentor for which I am applying. I give permission for *Serving Hope, Inc.* to perform a check of my background, including criminal record, past employment and volunteer history, educational and professional status and personal references. I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from acceptance into the *Serving Hope, Inc.* mentor program. I understand that information collected during this background check will be limited to that which is appropriate to determining my suitability to be a mentor and that all such information collected during the check will be kept confidential. I understand that *Serving Hope, Inc.* provides equal mentor opportunities to all qualified applicants without regard to race, religion, ancestry, gender, age, disability, marital status, socioeconomic status, veteran status or national origin. I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described mentor program and such other information as they deem appropriate.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature Date

I, _____, understand it will be necessary for *Serving Hope, Inc.* to conduct a background check regarding my driving record, criminal history, sex offender registry, personal references, and employment. I authorize *Serving Hope, Inc.* to obtain any needed information regarding my driving record, legal/criminal history, sex offender status, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in the mentoring program. Further, I provide permission for *Serving Hope, Inc.* to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about me may 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.

I also understand that information about me may be anonymously (without my name) shared for the purpose of obtaining a grant and/or statistical reports.

Signature Date

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INFORMATION FOR BACKGROUND CHECK(S)

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

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

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

Thank you for applying

For Serving Hope, Inc. Mentoring Program Use Only

___ Applicant was referred by _____.

___ Applicant was mailed/given an application packet. Date _____

___ Applicant had a personal meeting/Interview with Director of Community Relations and Outreach. Date _____

___ Applicant had a personal meeting with Executive Director, Board Chair, or other board member. Date _____

___ Applicant's application was reviewed by the Mentoring Team Leader. Date _____

___ Applicant was interviewed by the board. Date _____

Action taken by Serving Hope, Inc. mentoring staff

