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## Mentor Application

PLEASE PRINT

DATE \_\_\_\_\_

FULL NAME	AGE	DATE OF BIRTH
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ADDRESS	APT #	CITY	ZIP	HOME PHONE
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MARITAL STATUS	SPOUSE'S NAME	AGE
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CHILDREN: \_\_\_\_\_  
NAME(S)/AGE(S)

PRESENT EMPLOYER/COMPANY	ADDRESS	PHONE NUMBER
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POSITION	HOW LONG EMPLOYED?	SUPERVISOR
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LIST OTHER EMPLOYMENT (MOST RECENT FIRST)

POSITION	EMPLOYER	HOW LONG EMPLOYED	REASON FOR LEAVING
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HOW MANY TIMES HAVE YOU MOVED IN THE PAST 5 YEARS? \_\_\_\_\_

LIST PAST RESIDENCES (MOST RECENT FIRST)

ADDRESS	CITY/STATE	HOW LONG IN RESIDENCE
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EDUCATION

HIGH SCHOOL	YEARS ATTENDED	GRADUATE?	YEAR
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COLLEGE/UNIVERSITY OR TECHNICAL TRAINING	YEARS ATTENDED	DEGREE
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HAVE YOU EVER APPLIED TO BE (OR HAVE BEEN) A MENTOR BEFORE? \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

PAST EXPERIENCES WITH CHILDREN/YOUTH: \_\_\_\_\_

HEALTH: POOR\_\_\_\_\_ FAIR\_\_\_\_\_ GOOD\_\_\_\_\_ EXCELLENT\_\_\_\_\_

ANY PHYSICAL LIMITATIONS OR SPECIAL CONCERNS?\_\_\_\_\_

ARE YOU TAKING MEDICATIONS ON A REGULAR BASIS?\_\_\_\_\_

ANY KNOWN ALLERGIES?\_\_\_\_\_

HAVE YOU EVER SOUGHT COUNSELING/THERAPY OR TREATMENT FOR ANY REASON?\_\_\_\_\_

DATE(S):\_\_\_\_\_

PLEASE EXPLAIN:\_\_\_\_\_

EXPLAIN YOUR PRESENT USE OF ALCOHOL OR ANY OTHER DRUGS:\_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? YES\_\_\_\_\_ NO\_\_\_ STATE\_\_\_\_\_ NUMBER\_\_\_\_\_

DO YOU HAVE YOUR OWN TRANSPORTATION? YES\_\_\_ NO\_\_\_ LICENSE PLATE NUMBER\_\_\_\_\_

IF NO, DO YOU HAVE ACCESS TO TRANSPORTATION? YES\_\_\_ NO\_\_\_ DESCRIBE\_\_\_\_\_

DO YOU HAVE CURRENT VEHICLE INSURANCE AS REQUIRED BY ARIZONA'S LAW?\_\_\_\_\_

COMPANY\_\_\_\_\_ POLICY NUMBER\_\_\_\_\_

PLEASE DESCRIBE YOUR DRIVING RECORD AND OFFENSES:\_\_\_\_\_

I WILL PROMPTLY REPORT TO ONE ON ONE MENTORING ANY CHANGES IN MY INSURANCE COVERAGE OR DRIVERS LICENSE STATUS.

SIGNATURE

DATE

HAVE YOU EVER BEEN A VICTIM OF A CRIME? YES\_\_\_ NO\_\_\_ IF YES, PLEASE EXPLAIN\_\_\_\_\_

HAVE YOU EVER BEEN INVOLVED, INVESTIGATED, ARRESTED AND/OR CONVICTED OF AN ASSAULT? YES\_\_\_ NO\_\_\_

IF YES, WHEN:\_\_\_\_\_

EXPLAIN:\_\_\_\_\_

HAVE YOU EVER BEEN INVOLVED, INVESTIGATED, ARRESTED AND/OR CONVICTED OF CHILD ABUSE, NEGLECT OR SEXUAL MOLESTATION OF A MINOR? YES\_\_\_ NO\_\_\_ IF YES, WHEN\_\_\_\_\_

EXPLAIN:\_\_\_\_\_

LIST FOUR REFERENCES (ONE PRESENT OR PAST EMPLOYER, ONE FRIEND YOU HAVE KNOWN FOR AT LEAST TWO YEARS, A SPOUSE OR SIGNIFICANT OTHER, AND ONE RELATIVE.) IF YOU HAVE RECENTLY BEEN, OR CURRENTLY ARE IN COUNSELING, THERAPY/TREATMENT, SUBSTITUTE THE NAME OF YOUR THERAPIST FOR YOUR FRIEND REFERENCE OR SIGNIFICANT OTHER REFERENCE. PLEASE PRINT CLEARLY.

NAME		RELATIONSHIP
ADDRESS		PHONE
CITY	STATE	ZIP

NAME		RELATIONSHIP
ADDRESS		PHONE
CITY	STATE	ZIP

NAME		RELATIONSHIP
ADDRESS		PHONE
CITY	STATE	ZIP

NAME		RELATIONSHIP
ADDRESS		PHONE
CITY	STATE	ZIP

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE AND YOUR CURRENT AUTO INSURANCE TO THIS APPLICATION  
MAKE SURE TO SIGN PAGE 4.

WHAT ATTITUDES AND BELIEFS ARE OF SPECIAL IMPORTANCE TO YOU?

PLEASE LIST INTERESTS, HOBBIES, AND ACTIVITIES THAT YOU PURSUE:

DO YOU HAVE ANY SPECIAL SKILLS OR TALENTS YOU'D BE WILLING TO SHARE?

E-MAIL ADDRESS\_\_\_\_\_

I UNDERSTAND THAT ONE ON ONE MENTORING WILL CONTACT THE ABOVE-LISTED REFERENCES, AND ANY OTHER PERSONS DEEMED NECESSARY. I AGREE TO A POLICE, FBI, AND DRIVING RECORD CHECK(S) AND WILL PROVIDE ONE-ON-ONE WITH A COPY OF MY DRIVER'S LICENSE, PROOF OF CAR INSURANCE, AND A SET OF FINGERPRINTS BY AN OFFICIAL DEPARTMENT. I UNDERSTAND THAT MISREPRESENTATION OF PERSONAL INFORMATION OR HISTORY COULD RESULT IN TERMINATION OR NON-ACCEPTANCE IN THE ONE ON ONE PROGRAM.

SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE AND YOUR CURRENT AUTO INSURANCE TO THIS APPLICATION