



Marion County-Mentor Project

Mentor Application

Website: www.mcfact.org

Date: _____

Name: _____

First

Middle

Last

Date of Birth: _____ Social Security Number: _____

Gender: Male ___ Female ___

Race: Caucasian ___ African-American ___ Native-American ___ Asian ___ Hispanic ___ Other ___

Home Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Email: _____

Employer: _____ Title: _____

Mentoring Information

What time period can you work with a child a week? (minutes)

30 (minimum) _____ 45 _____ 60 (maximum) _____

Do you have any previous experience volunteering or working with youth? _____

What time and time periods work best for your schedule during the school day? _____

Please state any other strengths in academics skills: _____

Are you currently on any medications that might hinder your ability to work with children? _____

Preference

(You may check more than one)

Grade Level:

Elementary K ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___

Middle School 6th ___ 7th ___ 8th ___

High School 9th ___ 10th ___ 11th ___ 12th ___

School Preference: _____

Second Preference: _____

We will try to meet all school preferences but this is not a guarantee.

References

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Relationship: _____

Please read carefully before signing:

Our program appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed in this application. You agree to let FACT and the mentoring program confirm all information listed and to conduct a federal and state criminal background check.

I have read and understand the mentoring program rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor.

Notes: (for office use only)