

Mentor Application



Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Work phone: (____) _____

Date of Birth ____/____/____ Gender: Male Female

Email: _____

What is your communication preference: Email _____ Call _____ Best time to call _____

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 if possible. Any information The BEN-E-LECT Foundation gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ How long known: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Application Character 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 volunteering or working with mentees? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a mentee? Please explain.
4. Can you commit to participate in the BEN-E-LECT Foundation for a minimum of 6 months from the time you are matched with a mentee?
5. Are you available to meet with a mentee regularly on a monthly basis and have contact at least once per week? Please explain any particular scheduling issues.
6. How would you describe yourself as a person?
7. How would your friends, family, and co-workers describe you?
8. Have you ever been arrested or convicted of a crime? If so, what were the circumstances? Please note: we cannot accept you into the program if you have been convicted of a violent crime or a sexual offense.
9. Have you ever used illegal drugs? If so, what substances were used and how often?
10. Are you currently using any illegal drugs or controlled substances?
11. Do you drink alcoholic beverages? If so, what and how often?
12. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?

13. Do you use tobacco products? If so, what and how often?

14. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

15. 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?

16. Are you willing to attend two training sessions and peer support meetings once a month after being matched?

Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help the BEN-E-LECT Foundation 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: _____ Afternoon: _____ Evenings: _____ Weekends: _____ Other: _____

Do you speak any languages other than English?

If so, which languages?

Please list any professional licenses that you currently hold: _____

Do you have a criminal record? _____

Would you be willing to work with someone who has disabilities? If so, please specify disabilities you would be comfortable working 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 your immediate future? Long term future?

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

What person do you most admire and why?

Describe your ideal Saturday.

What has been one of your most important life lessons?

If you could teach your mentee one thing what would it be?

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/ Pets	<input type="checkbox"/>	Painting/ Photos	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of strong interest:

Please read this carefully before signing:

The BEN-E-LECT Foundation 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 BEN-E-LECT Foundation is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow The BEN-E-LECT Foundation 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 if you will be driving with mentee
- Personal References Form
- Interest Survey 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 to:

Alicia Reynolds

Program Coordinator
The BEN-E-LECT Foundation
5429 Avenida de los Robles Ste. A
Visalia, CA 93291 or fax to (559) 635-6527

