

**More Than A Few Good Men Inc.**  
**Mentor Application**

**SECTION ONE: GENERAL INFORMATION**

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

**Address:** \_\_\_\_\_ **Apt.:** \_\_\_\_\_

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

**How long have you lived at this address?:** \_\_\_\_\_ years (if less than five years, please list previous addresses below).

**Date of Birth:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_

*This can be a cell, email, or person*

**Marital Status:** Single   Married   Divorced   Separated

**Children:** Yes   No   N/A

**Child Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Child Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Previous addresses:**

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

**Dates:** \_\_\_\_\_

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

**Dates:** \_\_\_\_\_

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

**Dates:** \_\_\_\_\_

## SECTION TWO: EMPLOYMENT INFORMATION

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Length of employment: From \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

## SECTION THREE: Background Screening (this information will be kept confidential and secure)

Will you agree to have the YouthBuild program check your background through federal and state agencies for criminal records and child abuse and neglect proceedings?

(Please circle)      YES    NO

Social Security Number (*Required for criminal records check*): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you have a valid Driver's License?    Yes      No

State Issue: \_\_\_\_\_ Date Issue: \_\_\_\_\_ Expire Date: \_\_\_\_\_ Number: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If "Yes", please explain: \_\_\_\_\_

\_\_\_\_\_  
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## SECTION FOUR: MENTORING INFORMATION

Why do you want to be a mentor?

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

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Do you have any hobbies or special skills?

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What support or resources would you need to be successful as a mentor?

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As a youth, did you have a mentor? What was successful and challenging about being mentored?

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## REFERENCES

Please list the names, addresses, and phone numbers of two personal character references, plus one employer reference. Please list only nonrelatives you have known for at least a year.

**Reference 1:** Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

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

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

**Reference 2:** Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

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

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

**Reference 3: Name:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

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

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

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

**Please read this carefully before signing:**

By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment to my mentee of 4 hours a month for 15 months.

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