

Mentor Application

Identifying Information					
Name (First Middle Last):					
Gender: Male Female					
Date of Birth:Social Security Number:					
Employer:					
Title:	E	mployment Start Date:			
Are you a Take Stock in Children graduate? Yes No					
Background Information					
Ethnic Group: (check one)					
Caucasian African Ame	erican Hispanic	Asian American Indian			
Age Category: (check one)	18-30 31-40	41-50 51-60 61+			
Are you married? Yes	No Do you have chi	dren? Yes No			
# sonsage(s)	# daughters	age(s)			
Second Language(s) spoken:					
When you were a teenager, to	what income group of	id your family belong?			
low income middle inco	me high income				
Contact Information					
Home Address:					
City, State, Zip:					
		Cell:			
E-mail address					

M001A-1 – 8/13

Career/Education Information				
Highest education completed (Check all that apply):				
☐ some school, not a high school graduate ☐ GED ☐ high school graduate				
□ associate's degree in from				
☐ technical/vocational certificate in	from			
□ bachelor's degree in	from			
☐ master's degree in	from			
☐ doctorate in	from			
□ other				
Are you currently enrolled in any education or training program? ☐ Yes ☐ No				
If yes, please specify:				
Mentor Information				
How would you describe your communication style?				
☐ friendly and outgoing ☐ usually wait to be approached by someone new				
□ reserved until I get to know someone new				
I am interested in becoming a mentor because: (check all that apply)				
\Box I think I'd be a positive role model \Box I like children \Box I have the time to give				
\square I overcame difficulties growing up and would like to help someone else				
☐ I think I have the personality and abilities to be a good mentor				
\square I am interested in making a difference in the life of a child				
☐ I believe in the value of mentoring ☐ I wish I had had a mentor when I was a teenager				
Do you have any specific training or experience in dealing with any of the following youth issues: (check all that apply, and if yes, please explain)				
☐ drug awareness				
□ teen pregnancy				
□ teen violence				
□ sex/abstinence				
□ other				

M001A-1 – 8/13 2 of 4

List any clubs or organizations of which you are currently a member:				
Are there any particular problems you would prefer not to handle as a mentor?				
Which of the following activities do you enjoy participating in	or watching? (Check all that apply)			
☐ Sports (specifically,)			
☐ Handicrafts (specifically,)			
☐ Outdoor Life ☐ Mechanics/Science ☐ Literature ☐	Pop Culture (Movies, TV, etc)			
☐ Collecting ☐ Other				
Is there anything else you would like us to know about you	u? If yes, please explain:			
The undersigned acknowledges and agrees that 1) he or s	she is not obligated if called upon to			
perform the volunteer services herein applied for; 2) Take assign or actively seek to assign her or him a Take Stock Take Stock in Children matching process, additional info applicant, and 4) Take Stock in Children reserves the righ between any volunteer mentor and student for whatever call declare that all of the statements made in this application best of my knowledge.	e Stock in Children is not obligated to in Children student; 3) as part of the ormation may be requested from the at all times to terminate any match ause. are true, complete and correct to the			
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M001A-1 – 8/13 3 of 4

REFERENCES

Please print COMPLETE name, address, and relationship of three people. They must have known you for at lease 2 years. Each should be in a position to evaluate your qualifications as a mentor. Please do not include family members, current boyfriends, girlfriends, or fiancées as references.

Name	Address	Zip Code	Phone #		
1			()		
Relationship		Years Knowr	1		
2			()		
Relationship		Years Knowr	1		
3			()		
Relationship		Years Knowr	1		
If you are currently employed, please print the name and address of your work supervisor. If employed less than 6 months, the previous employer.					
4. Name	Address	7'. 0. 1.	() Phone #		
Name	Address	Zip Code	Phone #		
Liability Release/Consent for Release of Information					
I do hereby affirm the abmentoring program, no			-		
Take Stock in Children or individuals. I hereby r information released or an consent to Take Stock in any source, to include but	elease Take Stock in Ch y acts or omissions conn Children examining any a	nildren from any liability ected with this application and all available records	whatsoever for any n. I understand and		
I hereby allow Take Stock in Children to release any information compiled from my interview, references, or other sources pertaining to my application to become a mentor to Take Stock in Children. Take Stock in Children will use this information for the purpose of evaluating my ability to meet the initial criteria to serve as a mentor with a mentoring agency. I hereby release Take Stock in Children from any liability, debt, claim, suit, or obligation of any nature whatsoever should any information be obtained by any other individual, party, or entity of any nature whatsoever.					
Signature Mandy C	Date O'Malley - Mentoring & C	Please print your r			

Mandy O'Malley - Mentoring & Communications Director
Take Stock in Children of Sarasota County P.O. Box 48186, Sarasota, FL 34230
Office: (941) 358-4407 / Cell: (941)404-6101 E-mail: Mandy@takestocksarasota.org

S001 – 8/13 4 of 4