

**Melrose CARES Community Mentoring Program**  
*Commit for a year, impact for a lifetime!*

**Mentor Application**

**Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

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

Social Sec. #: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

**Employment History**

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Dates of Employment: (month/year) \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: (month/year) \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



Dates of Employment: (month/year) \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



Please answer all of the following questions. Answering “yes” to any of the following questions will not preclude a candidate from being accepted as a Mentor. All “yes” answers should be explained in detail below. Explanations should include dates, final outcomes and should communicate whether or not the issue is still pending.

	Yes	No
1. Have you ever received treatment for alcohol or substance abuse?		
2. Have you ever been convicted of a DUI, driving under the influence of alcohol?		
3. Have you ever been convicted of child abuse or neglect?		
4. Have you ever been convicted of a felony?		
5. Have you ever been hospitalized for a mental disorder?		
6. Have you ever been convicted of sexually abusing/molesting a youth 18 years or younger?		

All mentor candidates will be subject to a CORI, (Criminal Offender Record of Information) prior to acceptance.

## Explanations

Question \_\_\_\_\_

Question \_\_\_\_\_

Question \_\_\_\_\_

## Additional Questions

Please answer all of the following questions as completely as possible. If more space is needed, please use an extra sheet of paper or 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 youth? If so, please specify.
3. Please describe yourself. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. How would your friends, family, and co-workers describe you?

5. If chosen, are you willing to attend an initial mentor training session and additional training sessions after being matched?
  
6. If chosen, are you available to have phone, email, or in-person contact at least once per week with your student? Please explain any particular scheduling issues.
  
7. 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?

Can you commit to participate in the Melrose C.A.R.E.S. Community Mentoring Program for a time period of one full year?

Thank you taking the time to fill out this application. Please forward the application back to us in the enclosed self-addressed stamped envelope. All applications will be processed and reviewed, and all prospective mentor candidates will be contacted to set up an interview.