

Commit for a year, impact for a lifetime!
MAAV's Community Mentoring Program

Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone _____

Cell phone _____

Email Address: _____

Date of Birth ___/___/___ Gender: _____

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: _____

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Dates of Employment: (month/year) _____ to _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Position Held: _____

Reason for Leaving: _____

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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 MAAV's Community Mentoring Program for a time period of one full year?

Mentor Interest Survey

Name:Date:

Please complete all the following questions.

This survey will help MAAV's Community Mentoring Program know more about you and your interests and help us make the best match possible.

1.) What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays: "" "" "" "" "" Lunchtime: "" "" "" "" "" After school: "" "" "" "" "" Evenings: "" "" "" "" "" Weekends: "" "" "" "" "" Other*:

* If "Other" is chosen, please indicate when:

2.) Do you speak any languages other than English? If so, which languages?

3.) Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with.

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5.) What are some favorite things you like to do with other people? "

"

6.) What are your favorite subjects to read about?

"

"

"

"

7.) What is your job and how did you choose this field?

"

8.) What is one goal you have set for the future?

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

10.) What person do you most admire and why?

"

"

"

11.) Describe your ideal Saturday.

"

"

"

"

12.) Please check all activities you are interested in:

Biking	Crafts	Science	Cooking	Library
Hiking	Boating	Music	Sports	Yoga
Dancing	Swimming	Gardening	Parks	Movies
Computers	Animals	Museums	Board Games	Photography

13.) List any other areas of strong interest:

Thank you for taking the time to fill out this application. Please forward to:

Mentoring Program Coordinator

MAAV

235 West Foster Street

Melrose, MA 02176

Or

mentoring@maav.org

All applications will be processed and reviewed, and all prospective mentor candidates will be contacted to set up an interview.