



4315 Leimert Blvd.
Los Angeles, CA 90008
323-508-0106

An Equal Opportunity Employer
Mentor Program Application

Personal Information:

Date _____

Name _____
Last First Middle

Present Address _____
No. Street City State Zip

Permanent Address (if different from present address)
_____ No. Street City State Zip

(____) _____ (____) _____
Business Telephone Home Telephone E-mail address

Gender: Male Female Ethnicity: _____ Marital Status: _____

What is your primary language: _____ Do you speak any other languages: _____

Are you legally eligible to work in the U.S.? YES NO Date of Birth: _____

If you are not a U.S. Citizen, are there any restrictions on your eligibility for employment: _____

Dates and times available to volunteer: _____

How did you hear about us? _____

Education

TYPE OF SCHOOL	NAME AND LOCATION	DEGREE/DATE	MAJOR
High School	_____	_____	_____
College	_____	_____	_____
University	_____	_____	_____

Scholastic Honors and/or Licenses: _____

Are you requesting that your college grant you credit hours for your volunteer? YES NO

Briefly describe your experience working with young people either in a professional or volunteer capacity:

If no experience, what skills could you share with a young person?

The mentor program requires a commitment minimum of 8 hours a month with a young person helping them to successfully transitioning to independent living, developing social skills, and career preparation. Do you have any obligations that may prevent you from spending the required amount of time on mentoring activities?

If yes, please explain:

Name _____
Last First Middle

Employment History: *(Includes paid and intern positions)*

Most Recent Employer: _____ Telephone Number: _____

Address: _____

Supervisor (Name & Title): _____

Position Title: _____ Start Date: _____ End Date: _____

Description of duties: _____

Employer: _____ Telephone Number: _____

Address: _____

Supervisor (Name & Title): _____

Position Title: _____ Start Date: _____ End Date: _____

Description of duties: _____

Employer: _____ Telephone Number: _____

Address: _____

Supervisor (Name & Title): _____

Position Title: _____ Start Date: _____ End Date: _____

Description of duties: _____

Volunteer History

DATES	NAME AND LOCATION	DUTIES & RESPONSIBILITIES
_____	_____	_____
_____	_____	_____
_____	_____	_____

References:

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known how long: _____

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known how long: _____

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known how long: _____

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known how long: _____

Questions:

YES NO Can you commit to the Youth Development Services Mentoring Program for a minimum of one year from the time you are matched with a youth?

YES NO Are you willing to attend an initial mentor training session and ongoing quarterly training sessions per year after being matched?

YES NO Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties you may encounter?

YES NO Are you available to meet with a youth eight hours per month and have contact once a week?

Additional Questions:

YES NO Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

YES NO Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances? _____

YES NO Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.

YES NO Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain. _____

YES NO Have you ever used illegal drugs? If so, what substances were used and how often?

YES NO Are you currently using any illegal drugs or controlled substances?

YES NO Do you drink alcoholic beverages? If so, what and how often?

YES NO Do you use tobacco products? If so, what and how often? _____

Please read this carefully before signing:

The Youth Development Services Mentor Program 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 Youth Development Services Mentor Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor. The Youth Development Services Mentor Program reserves the right to deny an application without disclosing reasons for their decisions.

_____ (optional) I agree to allow The Youth Development Services Mentoring Program 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
- Information Release Form
- Personal References Form
- Interest Survey Form
- DMV Driving Record
- Criminal History Release Form (Live Scan)
- Child Abuse and Neglect Release Form (state agency form)
- Media Informed Consent & Release Form
- Sexual Offender Release Form (state agency form)

_____ I hereby release Para Los Niños, its Board of Directors, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions. Should any information in this application change, I agree to notify the Mentor Supervisor in writing within 30 days.

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 and the items listed above to the **Mentor Supervisor** at:

Para Los Niños
Youth Development Services
4315 Leimert Blvd.
Los Angeles, CA 90008
323-508-0106 ext: 229 (office) 323-508-0644 (fax)
desquivel@paralosninos.org
www.palosninos.org



Mentor Interest Survey

Name _____
Last
First
Middle

Please complete all the following. This survey will help Para Los Niños learn more about you and your interests and help us match you with a mentee.

I am interested in being a: Peer Mentor (up to 21 years of age) Adult Mentor (21 years or older)

Please indicate age group(s) and/or you are interested in working with:

Age : __13614 __15618 __19621 Ethnicity: _____

Do you speak any languages other than English? If so, which languages? _____

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work 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 the future?

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

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

	Dancing		Poetry	Music		Computers	Exercising
	Biking		Camping	Science		Cooking	Library
	Hiking		Boating			Sports	Yoga
	Golf		Swimming	Gardening		Parks	Movies
	Fishing		Animals	Eating		Board Games	Shopping

List any other areas of special interest: (use back side if for more space)

****Disclaimer- we attempt to match you with your highest preference no guarantee can be given.**