

A decorative blue and green arrow pointing right, located at the top left of the page.

Dear Prospective Mentor,

Thank you for your interest in applying to be a part of the Mentor Superior program. Please complete this application and return it to our office. You can return it by:

- Electronically filling out the application and emailing the completed version to info@mentornorth.org
- Printing the application and mailing the completed document to this address:
Mentor North
206 W 4th St, Suite 202
Duluth, MN 55806

Should you have any questions or need additional assistance with completing the application, please contact a member of the Mentor North team at 218-722-3600.

Once we receive your application, we will be in contact with you regarding next steps for your screening.

Mentoring is a deeply rewarding and powerful experience. We are excited to see your application and connect!

Sincerely,

Mentor North
P: 218-722-3600 (general line)

REFERENCES

Please list the names and contact information for 4 people who can vouch for your reputation and character and who have known you for at least 2 years. Also include present employer as a reference.

Personal References: When listing personal references, please use the names of people who have seen you work with children. If you know the best time for us to reach them, please also include that information.

Name _____ Phone # _____

Email _____ Best time to contact _____

Name _____ Phone # _____

Email _____ Best time to contact _____

Family Reference:

Name _____ Phone # _____

Email _____ Best time to contact _____

Employer or Supervisor Reference:

Name _____ Phone # _____

Email _____ Best time to contact _____

**** Please notify your references and encourage them to return our calls as soon as possible after receiving them.**

VOLUNTEER POLICY AND PROFILE

The undersigned acknowledges and agrees that: (1) I am not obligated, if called upon, to perform the volunteer services herein applied for and that the agency is not obligated to assign, or actively to seek to assign, me a mentoring relationship and (2) As a part of the agency's assessment process, additional personal information may be elicited from the applicant by professional agency personnel. (3) I agree to contact Mentor North if any critical information (i.e. license revocation, DUI's, criminal charges and/or convictions) occur after I have become part of any of Mentor North's programs.

SIGNED: _____ DATE: _____

MENTOR QUESTIONNAIRE

1. Why do you want to be a mentor?

2. Describe the significant role models you have had in your life.

3. Describe your childhood family relationships and how they might influence a mentoring relationship.

4. Describe your previous experience with children. Please check the following that apply

Currently employed working with children _____

Previously employed working with children _____

Volunteer experience working with children _____

Formal training in working with children _____

Parenting experience in raising own children _____

Experience working with relatives' children _____

No Experience _____ Other (Please describe) _____

5. Describe your work experience in the past five years (include places of employment, positions held, length of time employed, reason for leaving) and/or your military service. Attach resume if preferred.

6. Describe your educational experiences, starting with high school.

7. What are your long-range goals for yourself?

8. What concerns do you have about being a mentor in this program?

9. What assets do you have that would benefit a mentoring relationship?

10. What are your expectations of a mentoring relationship?

11. Describe any mentoring situation you would feel uncomfortable working with.

12. Firearms Disclosure Policy: Do you own a gun? If yes, please describe your storage and safety measures.

DRIVING RECORD AND CRIMINAL HISTORY

Past criminal history is a consideration in the application process. It does not automatically disqualify you to mentor.

Do you have a clean driving record? If no, please explain.

Please list any past criminal behaviors:

By signing below, I certify that the information contained in this document is complete and correct.

Signature: _____ Date: _____

MENTOR/YOUTH MATCHING GUIDE

ACTIVITIES and INTERESTS: Please check the activities you are interested in doing with a youth.

- | | | |
|---|--|---|
| <input type="checkbox"/> Football | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Arcade |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Gardening | <input type="checkbox"/> Astronomy |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Track | <input type="checkbox"/> Exploring/Sightseeing | <input type="checkbox"/> Sledding |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Music | <input type="checkbox"/> Broomball |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Movies | <input type="checkbox"/> Curling |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Museums | <input type="checkbox"/> Ice Fishing |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Theater | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Concerts | <input type="checkbox"/> Drawing/Painting |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Dancing | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Weight Lifting | <input type="checkbox"/> Coffee Shops | <input type="checkbox"/> Carving |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Mall | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Rock Collecting | <input type="checkbox"/> Electronics |
| <input type="checkbox"/> Rollerblading | <input type="checkbox"/> Reading | <input type="checkbox"/> Auto Mechanics |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Board/Card Games | <input type="checkbox"/> Sewing/Knitting |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Library | |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Volunteering | |
| <input type="checkbox"/> Bike Riding | <input type="checkbox"/> Cooking/Baking | |
| <input type="checkbox"/> Picnicking | <input type="checkbox"/> Science/Chemistry | |

Please list any activities you feel would be essential for your match:

Please list any activities you would be opposed to doing with a youth:

YOUR PERSONAL LEISURE TIME:

1. How do you spend your personal leisure time?

2. Do you belong to a spiritual, religious or faith based community? Would this influence a mentoring relationship?

3. Are you involved with clubs or organizations that would benefit a match in any way?

YOUTH CHARACTERISTICS: Please give honest thought to the following areas and record your preferences.

Age: 5-7 ____ 8-10 ____ 11-13 ____ 14-17 ____

Gender: _____

Race/Culture: Do you have any strong preferences regarding race or cultural background? If so, please list:

ISSUES OF CONCERN:

1. Please list any preferences or characteristics of a youth that you feel would contribute to the success of your match.

2. Are there any family situations that you would not be comfortable working with?

3. Please list any personality traits that you feel you would be an especially good match with and any personality traits you would be uncomfortable working with.

4. Is there anything else we should know about you to make the best match possible?
