

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 Duluth or 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](mailto:info@mentornorth.org)
- Printing the application and mailing the completed document to this address:  
Mentor North  
206 W 4th St, Suite 203  
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)

## MENTOR VOLUNTEER APPLICATION



Mentor North continually strives to advance equity and diversity within ourselves and our community. We engage in anti-oppressive practices that work towards eliminating prejudice, racism, and discrimination of marginalized groups. We stand in support for the rights of LGBTQ+, Black, Indigenous, and People of Color. **Our goal is to create a vibrant and inclusive mentorship community.**

NAME: \_\_\_\_\_  
First Middle Last

PRONOUNS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
No. and Street City State Zip

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

**The following information is for statistical records and grant eligibility and has no bearing on service or acceptance.**

Gender : \_\_\_\_\_

**Race and Ethnicity: (please check all that apply)**

\_\_\_ White

\_\_\_ Black/African American

\_\_\_ Asian

\_\_\_ American Indian

\_\_\_ Native Hawaiian/Pacific Islander

\_\_\_ Hispanic Ethnicity

\_\_\_ \_\_\_\_\_

### Program Preference

\_\_\_ Mentor Duluth

\_\_\_ Mentor Superior

\_\_\_ Open to either program

Are you presently a student? \_\_\_\_\_ School: \_\_\_\_\_

Mentor North provides an equal opportunity volunteer position, for all accommodations please inform our Mentor North Staff, or describe here

Do you sincerely feel you can meet with a youth on a regular basis for at least a year? \_\_\_\_\_

### REFERENCES

**Personal/Family References:** When listing personal references, please use the names of people who have seen you work with youth. 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 \_\_\_\_\_

**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?

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2. Describe your previous experience with youth. Please check the following that apply.

Currently employed working with youth \_\_\_\_\_

Previously employed working with youth \_\_\_\_\_

Volunteer experience working with youth \_\_\_\_\_

Formal training in working with youth \_\_\_\_\_

Parenting experience in raising own children \_\_\_\_\_

Experience working with youth in your extended family \_\_\_\_\_

No experience \_\_\_\_\_ Other (Please describe) \_\_\_\_\_

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

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

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5. What are your expectations of a mentoring relationship?

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

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

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### 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.

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Please list any past criminal behaviors:

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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:

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

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

**Age:** 7-10 \_\_\_\_ 11-14 \_\_\_\_

**Gender:** \_\_\_\_\_

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

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

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2. 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.

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

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