



MENTOR APPLICATION

Mentoring Service Provider: **AllSports Academy of Greater Cleveland, Inc.**

Date: _____

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Social Sec. #: _____ e-mail: _____

Date of Birth ___/___/___ Gender: Male Female

Do you have a valid Ohio Driver's license? License # _____

Have you lived in Ohio, **without interruption**, for the last 5 years: Yes No

Employment

Most Recent Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Position Held: _____

Supervisor's Name: _____ Title: _____

Phone: _____

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

May we contact your employer for a reference? Yes No _____
initials



Application Questions

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. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Can you commit to meet with a youth for at least one hour a week for nine months? Please explain any particular scheduling issues.
5. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
6. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
7. Are you currently using any illegal drugs or controlled substances?
8. Do you drink alcoholic beverages? If so, what and how often?
9. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?
10. Do you use tobacco products? If so, what and how often?
11. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
12. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
13. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.



Interests

These questions will help us find a good match for you.

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: ___

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

Age : ___16–18 ___19–22 Ethnicity: _____

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?

Please check all activities you are interested in:

- | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Biking | <input type="checkbox"/> Camping | <input type="checkbox"/> Science | <input type="checkbox"/> Cooking | <input type="checkbox"/> Library |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Boating | <input type="checkbox"/> Music | <input type="checkbox"/> Sports | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming | <input type="checkbox"/> Gardening | <input type="checkbox"/> Parks | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Animals | <input type="checkbox"/> Eating | <input type="checkbox"/> Board Games | <input type="checkbox"/> Shopping |

Other interests:

Release of Information

I authorize [AllSports Academy of Greater Cleveland Inc.](#) to obtain any needed information regarding my driving record, criminal history, character references, and health history from any local, state or federal agency, my employer, and references identified below for the purposes of participating in a mentoring program. Further, I provide permission to conduct the same investigation of my background in previous states in which I have resided within the last 5 years.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Applicant Signature

Date



Character References

Please identify 3 people that we may contact for a character reference.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Best time to reach: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Best time to reach: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Best time to reach: _____

Interview Notes *(For use by Mentoring Service Provider only)*

Review the Mentor Application with the candidate. Summarize your overall assessment of this candidate below:)

Interviewer Signature

Date