



**CES MENTORING PROGRAM**  
*“Empowering Communities...One Child At A Time”*

**Mentor Application**

**Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Social Sec. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:      Male      Female

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.

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_



4. Can you commit to participate in the New Insights mentoring program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.
6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
7. How would you describe yourself as a person?
8. How would your friends, family, and co-workers describe you?
9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
10. Have you ever used illegal drugs? If so, what substances were used and how often?
11. Are you currently using any illegal drugs or controlled substances?
12. Do you drink alcoholic beverages? If so, what and how often?
13. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?
14. Do you use tobacco products? If so, what and how often?
15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
  
17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
  
18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
  
19. 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?
  
20. Are you willing to attend an initial mentor training session and two inservice training sessions per year after being matched?

**Please read this carefully before signing:**

CES Mentoring 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 CES Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

(optional) I agree to allow CES 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 Release Form (state agency form)
- Criminal History Release Form (state agency form)
- Child Abuse and Neglect Release Form (state agency form)
- Sexual Offender Release Form (state agency form)

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

mm/dd/yyyy

Signature

Date

Please return or mail this application and the items listed above to Mentoring Program Coordinator, CES, Inc., 29 Florida Ave., NW Washington, DC 20001

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**Information Release**

I, \_\_\_\_\_, understand it will be necessary for the CES Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize CES to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for CES to conduct the same investigation of my background in previous states in which I have resided.

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_ mm/dd/yyyy

Full Name:

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth:

Social Security Number:

Current Driver’s License No.: \_\_\_\_\_ State: \_\_\_\_\_

Please list any other cities, states, and dates of residency during the past 10 years.

City: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

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**Personal References**

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information CES Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Name:

Address:

City:

State:

Zip:

Phone:

Relationship:

How long known:

Name:

Address:

City:

State:

Zip:

Phone:

Relationship:

How long known:

Name:

Address:

City:

State:

Zip:

Phone:

Relationship:

How long known:

**CES MENTORING PROGRAM**  
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**Mentor Interest Survey**

Name:

Date:

mm/dd/yyyy

Please complete all the following. This survey will help the CES Mentoring Program know more about you and your interests and 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 :                      4–14                      15–18                      19–21                      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:

<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"/>	Yoga
<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

List any other areas of strong interest:

Type of official government

**To be completed by the mentoring organization:**

Volunteer ID:

ID examined (append copy):

**VOLUNTEER APPLICATION FOR PROSPECTIVE MENTORS  
PURSUANT TO THE PROTECT ACT**

Name and address of organization:

Name:

First

Middle

Last

Maiden

Other names by which known:

Date of Birth:

Address:

Street

Apt.

City

State

Zip Code

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**Please check the appropriate box and, if necessary, fill in the requested information:**

I have a criminal record, and the following are the particulars (offense, date, location/jurisdiction, circumstance and outcome) of such record:

I do not have a criminal record.

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**By signing this form, I acknowledge that I have been provided with a copy of this volunteer form and notice. My signature constitutes an acknowledgment that a Federal Bureau of Investigations criminal history background check will be conducted. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief. I swear or affirm that the fingerprints submitted in support of this application are mine. I understand that MENTOR is not liable for the mentoring organization's screening decision, nor for the fitness determination made by NCMEC.**

Date:

Signature:

mm/dd/yyyy



8. Have you ever abused or molested a youth?
  
9. Have you ever been arrested? If so, when and for what?
  
10. Do you currently use any alcohol, drugs, or tobacco?
  
11. Have you ever undergone treatment for alcohol or substance abuse?
  
12. Have you ever been treated or hospitalized for a mental condition?
  
13. Do you have any experience working with children? If so, how will it help you in working with your mentee?
  
  
  
  
  
  
  
  
  
  
14. What challenges do you think young people face today that they need help with the most?
  
  
  
  
  
  
  
  
  
  
15. Mentoring a young person is a big responsibility and can change the lives of both the mentor and the mentee. What do you hope to gain from the experience and what do you hope the mentee gains from the relationship?
  
  
  
  
  
  
  
  
  
  
16. What are some of the biggest problems in the world or in your community that concern you?
  
  
  
  
  
  
  
  
  
  
17. What types of activities would you do with a mentee?

18. Who else in your household might be present at any given time when you are with your mentee?

19. What hobbies or interests do you have?

20. At this point, clarify any questions of concern that arose from the written application.

21. Do you have any questions about the program I can answer for you?

**Interviewer Comments:**

**Recommendation**

Recommendation To Approve: Yes:            No:

Reasons Why:

**Approval**

Approved: Yes:            No:

By:

Date:            mm/dd/yyyy