**Mentor Application**

**Information:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_Gender Identity:    https://docs.google.com/drawings/u/1/d/sFrRGv3q6m_RjJWud1pBrXg/image?w=31&h=27&rev=1&ac=1Male   https://docs.google.com/drawings/u/1/d/sF3tGMvcNvXNsVLyv2hEf3Q/image?w=31&h=27&rev=1&ac=1Female  https://docs.google.com/drawings/u/1/d/sCFOQs9sMkOXLHj4wv8tTsw/image?w=31&h=27&rev=1&ac=1Other

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Questions**

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?

1. What qualities, skills, or other attributes do you feel you have that would benefit youth? Please explain.

**Please read this carefully before signing**

**Please initial each of the following:**

\_\_\_\_\_\_I agree to follow all school/program guidelines and understand that any violation will

result in suspension and/or termination from the program and mentoring relationship.

\_\_\_\_\_\_I understand that AOMM Mentoring Program is not obligated to provide a reason for their

decision in accepting or rejecting me as a mentor.

If under the age of 18, please have parent/guardian sign below.

\_\_\_\_\_\_(optional) I agree to allow AOMM Mentoring Program to use any photographic image of

me taken while participating in the program. These images may be used in promotions,

reporting, or other related materials.

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

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

Signature of Participant Date

Please return this application to AOMM Mentoring Program Advisor.

**Mentor Interest Survey**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete all of the following. This survey will help AOMM Mentoring Program know more about you and your interests and help us find a good match for you.

**Do you speak any languages other than English?\_\_\_\_\_\_\_**

If so, which languages?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your favorite subject in school?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please **check all activities** you are interested in:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Soccer |  | Gymnastics |  | Camping |  | Science |
|  | Football |  | Dance |  | Gardening |  | Math |
|  | Field Hockey |  | Baseball/ Softball |  | Painting |  | Helping People |
|  | Lacrosse |  | Biking |  | Cooking |  | Animals |
|  | Golf |  | Hiking |  | Shopping |  | History |
|  | Swimming |  | Fishing |  | Movies |  | Adventures |
|  | Yoga |  | Hunting |  | Reading |  | Outdoors |
|  | Skiing |  | Boating |  | Writing |  | Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**List any other areas of strong interest:**

**Personal References**

Please list the names, phone numbers and personal form of two people you would like to use as character references (only people you have known for at least a year), other than relatives including parents. Any information given to AOMM Mentoring Program from these references will be held as confidential and not shared with other applicants or organizations.

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

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

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Known Since:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you (reference) say that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is responsible and willing to work with children of the elementary school-age.(yes/no)

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

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

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Known Since:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you (reference) say that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is responsible and willing to work with children of the elementary school-age.(yes/no)

**Mentor Contract**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By choosing to participate in the AOMM Mentoring program, I agree to:

* Follow all rules and guidelines, as outlined by the program advisor, mentor training, program policies, the school, and this contract
* Be flexible and provide the necessary support and advice, to help my mentee succeed
* Make a one school semester commitment to being matched, with my mentee
* Meet at least once each school week, with my mentee
* Be on time for scheduled meetings, email identified teacher or project coordinator if I am unable to make a meeting
* Inform the program advisor of any difficulties or areas of concern, that may arise in the relationship
* Keep any information that my mentee tells me confidential, except if it may cause him/her or others harm
* Never be under the influence of alcohol, tobacco, drugs, or other controlled substances while in the program

\_\_\_\_\_\_\_\_\_(please initial) I understand that upon match closure, future contact with my mentee is beyond the scope of the AOMM Mentoring Program, and may happen only by the mutual consensus of the mentor, the mentee, and the parent/guardian.

I agree to follow all of the above conditions of this program, as well as any other conditions instructed by the school and the program advisor at this time, or in the future.

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

Signature of Participant      Date