



PAATH to Success Mentor Application

General Information

Name: _____

Address: _____ **Apt.:** _____

City: _____ **State:** _____ **Zip Code:** _____

How long have you lived at this address? _____ years (if less than five years, please list previous addresses below).

Address: _____

Dates: _____

Address: _____

Dates: _____

Date of Birth: _____

Home Phone: _____ **Cell Phone:** _____

E-Mail: _____

Gender: Male Female Transgender Other _____

Marital Status: Single Married Widower Separated Divorced Domestic Partner

Ethnicity:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> African American | <input type="checkbox"/> Biracial |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Native Hawaiian & other Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic or Latino | |

Employment Information

Occupation: _____ **Employer Name:** _____

Title: _____ **Work phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Length of employment: From _____ to _____

Name of Supervisor: _____ **Title:** _____

Background Screening

Do you have a valid Driver's License? Yes No

State Issue: _____ **Date Issue:** _____ **Expire Date:** _____ **Number:** _____

Make: _____ **Model:** _____ **License Plate Number:** _____

Have you pleaded guilty to or been convicted of a misdemeanor or a felony in the past ten years which has not been annulled, expunged or sealed by a court? _____

If "Yes," please explain:

Household Information

Members of Household:

Name: _____ **DOB:** _____ **Relationship:** _____

Name: _____ **DOB:** _____ **Relationship:** _____

Name: _____ **DOB:** _____ **Relationship:** _____

Name: _____ **DOB:** _____ **Relationship:** _____

Name: _____ **DOB:** _____ **Relationship:** _____

Mentoring Information

- **Why do you want to be a mentor?**

- **Do you have any previous experience volunteering, mentoring, or working with youth?
If yes, please explain?**

- **What are your hobbies, skills, and how do you like to spend your time away from work?**

- **What support or resources would you need to be successful as a mentor?**

- **Professional Affiliations:**

Are you able to commit to 4 hours a week for 15 months? Yes No

If no, why? _____

What is your availability? (Select all that apply)

Weekday: Morning Afternoon Evening

Weekend: Morning Afternoon Evening

References

Please list the names and phone numbers of two personal character references, plus one employer reference. Please list only nonrelatives you have known for at least a year.

Reference 1: Name: _____ Years Known: _____

Phone: _____ Relationship: _____

Reference 2: Name: _____ Years Known: _____

Phone: _____ Relationship: _____

Reference 3: Name: _____ Years Known: _____

Phone: _____ Relationship: _____

Emergency Contacts

Contact 1: Name: _____

Phone: _____ Relationship: _____

Contact 2: Name: _____

Phone: _____ Relationship: _____

If selected, I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment to my mentee of 4 hours a week for 15 months.

Name: _____ Date: _____