



One-On-One Mentor / Volunteer Application Form

The information on this form is confidential and will be utilized solely for the purpose of determining your qualifications for the mentor program and is the property of the Lake County Youth Mentor Program. Please return to: Lake County Youth Mentor Program, 357 North L Street, Lakeview, OR 97630. For more information, call 541-947-4880 or 1-877-947-2744.

PLEASE PRINT

Last Name _____ First Name _____ Middle Name _____
 Street _____ City _____ State ____ Zip _____
 Home phone _____ Cell phone _____ Work phone _____
 E-Mail Address _____ Birth Date _____
 Employer: _____
 Address: _____
 Phone: _____

If less than three years at your current employment, please list your former employer

Employer: _____
 Address: _____
 Phone: _____

List five words that best describe you (i.e.: outgoing, playful, inquisitive)

Rate the ages you prefer to mentor (**please note if there is a group you absolutely would not mentor**):

___ K-3 ___ 4-6 ___ 7-8 ___ 9-12

In what type of mentor setting would you be most comfortable?

___ one-on-one ___ team mentoring

Are you bilingual? ___ No ___ Yes - language(s) _____

Please indicate the activities you enjoy:

- | | | |
|----------------------|----------------------|----------------------------|
| ___ Sports | ___ Hunting/shooting | ___ Movies |
| ___ Writing | ___ Reading | ___ Music |
| ___ Photography | ___ Theatre | ___ Arts and crafts |
| ___ Computers | ___ Board games | ___ Outdoor activities |
| ___ Cooking | ___ Swimming | ___ Horses |
| ___ Hiking/exploring | ___ Biking | ___ Gardening |
| ___ Shopping | ___ Fishing/boating | ___ ATVs |
| ___ Motorcycles | ___ Dance | ___ Skiing/snow activities |

Additional activities not listed:

What experience do you have working with children (volunteer or paid)

How did you hear about the program?

brochure ___ radio ___ newspaper ___ other (please list _____)

Have you ever been arrested and/or convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

Yes ___ No ___ If yes, please explain: _____

Have you ever been investigated and/or charged with child abuse or neglect?

___ Yes ___ No If yes, please explain: _____

Please list four (4) references (include one family member, two personal friends and one co-worker):

Name _____
Address _____
Daytime Phone _____ Length of time known _____ Relationship _____

Name _____
Address _____
Daytime Phone _____ Length of time known _____ Relationship _____

Name _____
Address _____
Daytime Phone _____ Length of time known _____ Relationship _____

Name _____
Address _____
Daytime Phone _____ Length of time known _____ Relationship _____

Please initial the statements that follow:

___ I understand that I must undergo a complete background check to include fingerprinting and driving record, as well as a check of the national sex offender registry.

___ I understand that the mentor program involves spending a minimum of one hour every week for one year with an assigned student.

___ I understand that I will be required to complete the mentor program orientation/training, attend at least one additional training session per year, and attend at least one program-sponsored event each year.

I certify to the best of my ability the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here is grounds for rejecting me as a mentor.

Applicant Signature

Date

The Lake County Youth Mentor Program is an Equal Opportunity Program and does not discriminate according to race, religion, physical handicap, sexual preferences, or economic status.

The LCYMP is a grant funded program, for reporting purposes please check one of the boxes below.

Gender: ___ Male ___ Female ___ Prefer not to answer

**Ethnicity: ___ White, non-Hispanic ___ Hispanic/Latino ___ Asian- Pacific Islander
___ Native American ___ African American ___ Other ___ Prefer Not to Answer**