 *“Be a Hero”*

One-On-One Mentor 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:

*\_\_\_ S*ports \_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time known \_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 ­­­­­\_\_\_\_\_\_\_\_ Non-Binary \_\_\_\_\_\_Prefer not to answer**

**Ethnicity: \_\_\_\_\_White, non-Hispanic \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_Asian- Pacific Islander**

 **\_\_\_\_\_ Native American \_\_\_\_\_ African American \_\_\_\_\_Other \_\_\_\_\_Prefer Not to Answer**