

MENTOR APPLICATION

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: _____ Apt# _____ City: _____ Zip: _____

Home # _____ Cell # _____ Work # _____

Email: _____ Date of Birth: _____ Gender: M ___ F ___

Marital Status: _____ Spouse/Partner Full Name: _____ Cell # _____

Applicant Occupation/Title: _____ Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

How long employed: _____ Work Hours: _____ May we contact you at work? _____

Highest Education Degree Earned (minimum HS required): _____

Are you currently a college student? _____ If yes name of school: _____ Grad Year: _____

TELL US ABOUT YOURSELF

If you have volunteered at other community agencies, please describe them below: _____

What interests you about Stepping Stones: _____

Do you have children of your own? Is so, list ages? _____

Have you ever mentored a child before? (if yes, describe) _____

How would you like to be involved as a mentor? _____

Do you have any special skills, knowledge or talent you would like to share with a student? _____

What days/times/hours per week are you available? _____

Do you have any concerns with being a mentor? _____

Would you be interested in joining a student for lunch at his or her school? _____

TRANSPORTATION

Are you willing to transport a student in your vehicle? _____ Do you possess a valid TX driver's license? _____

DL# _____ Insurance Provider: _____ Make/Yr/Model/Plate# _____

CHECK ALL THAT APPLY: As a mentor, I am willing to:

_____ Attend meetings _____ Be accessible to a student via phone _____ Represent the student in ARD meeting

_____ Liaison with a parent _____ Liaison with a school/counselor _____ Advocate for the student with court/community

Take the student to: _____ an activity _____ tutor _____ doctors apt _____ shopping for clothes or groceries

REFERENCES

Provide the required four different types of references that have each known you at least two years. For each listed reference, if first listed relation does not apply to you, then move to the next relation (not next reference). Remember to select relation and specify years known for each listed reference

Reference Relation to Applicant	Reference Name	Contact #s	Email Address	Years known Minimum 2yrs
Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other family relative <input type="checkbox"/>		Cell: Other		_____ Years
Current or past employer <input type="checkbox"/> Current or past co-worker <input type="checkbox"/> Business Colleague <input type="checkbox"/> School (Prof/Counselor/Admin) <input type="checkbox"/>		Cell: Other:		_____ Years
Friend <input type="checkbox"/> Neighbor <input type="checkbox"/>		Cell: Other:		_____ Years
Friend <input type="checkbox"/> Counselor <input type="checkbox"/> Other _____ <input type="checkbox"/>		Cell: Other:		_____ Years

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and subject to verification by the agency. I authorize the agency, its affiliates and their representatives to investigate all information given and to secure additional information, if necessary. I understand that any misrepresentation or omission of a material fact on my application or during my interview process may be justification for refusal of volunteer placement, or if placed, will be grounds for dismissal without advance notice.

I understand that and consent to the following:

1. The references and youth organizations I listed may be contacted by mail, telephone, text or email;
2. I am in no way obligated to perform any services;
3. The information I provided may be used to conduct a background check now and for as long as I am involved with the agency, to include driving records check, sex offender check, criminal background check, public domain check, and other records where required by local, state, or federal law for volunteers working with youth;
4. All records are considered property of the agency, not of agency staff, clients, parents/guardians, volunteers or authorized persons or representatives;
5. Volunteer Stepping Stones Foundation (SSF), as well as the children SSF serves, their parents/guardians, and SSF staff and Board Members, are not excluded on the basis of race, religion, national origin, color, gender, marital status, sexual orientation, gender identity, veteran status, or disability;
6. I must complete a minimum of three group orientations prior to being matched with a youth;
7. SSF is not obligated to match me with a youth;
8. If I am accepted as a SSF Mentor, I understand my obligation to meet with my student regularly and to inform SSF agency staff as to the status of my match relationship every month. I further agree to accept the supervision of the SSF staff and discontinue my service if I am requested to do so;
9. I understand Stepping Stones Foundation has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. SSF will cooperate fully with the authorities to investigate all cases of alleged abuse.

I have read the above statements and accept them as conditions of volunteering.

Signature: _____ **Printed Name:** _____ **Date:** _____

Please return completed form to:
Email – info@steppingstoneskeller.org or mail to – 139 E. Taylor St, Keller TX 76248