



MENTORING TUCSON'S KIDS VOLUNTEER MENTOR APPLICATION

DIRECTIONS: Important to read before filling in form. Also, be sure to read "Our Program," "Statement of Faith," and "Process" on this website.

This application is part of a larger process designed to help us to better know you, as an applicant. It will assist us in fulfilling our responsibility of providing a safe and secure experience for the youth and children who come into our program as mentees. It is important that you give accurate and complete answers to all questions. All information is secure and will be kept in confidentiality in accordance with the law and our policies. Thank you for applying.

You may complete this form in one of two ways: (1) Print the form, complete it by hand and then fax it to (520) 624-4785 or mail it to our office at P.O. Box 41506, Tucson, AZ 85717. (2) Complete the form on your computer, print it, sign the last page, scan the doc and then e-mail the form to our office at info@mentoringtucsonskids.org.

GENERAL INFORMATION

Your name as it appears on your driver's license Other names used (maiden name, AKAs) Gender: M or F

Current address: Street, City, State, ZIP e-mail address

Length of time at current address (years and months) Birth date

Please list any other places that you have lived in the past 7 years (required for state background check)

City and State Dates: From To

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Current Home phone Work phone Cell phone

Ethnic Background\Race: African American; Asian; Bi-Racial; Caucasian; Hispanic; Native American.

Current Marital Status: Married; Single; Separated; Divorced; How long? \_\_\_\_\_

Names and ages of children. Put an "\*" next to those who are still living at home with you.

EMPLOYMENT INFORMATION

Current employer Address How long?

Last employer Address How long?

**TRANSPORTATION** (It is necessary for a mentor to have safe and dependable transportation.)

Will you have a car available to you each week to meet with your mentee?  YES;  NO.

If “yes,” give make, model and license number. \_\_\_\_\_

Please give auto insurance company, the policy number and your driver’s license number and state of issuance?

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Do you currently have a valid driver’s license?  YES;  NO. Has it ever been revoked?  YES;  NO.

If ever revoked, how long ago and for what reason? \_\_\_\_\_

If your AZ license was issued within the past 24 months, please provide your previous license number and the state it was issued in. \_\_\_\_\_

**EDUCATION** (Please check which levels of education you completed.)

High School;  GED;  Community College;  College or University;  Post-grad;

**EXPERIENCE**

Have you ever been a mentor?  YES;  NO. Have you ever applied to this program?  YES;  NO.

In the space provided, please describe your experience with children or youth:

**MEDICAL HISTORY**

How would you describe your general physical health?  excellent;  good;  fair;

If other than “excellent,” please explain in the space provided:

Do you have any physical handicaps?  YES;  NO.

If “yes,” please explain in the space provided:

Do you have or have you ever had Tuberculosis or any other serious communicable disease?  YES;  NO.

If "yes," please explain in the space provided:

The current illegal use of any substance disqualifies an applicant to be a mentor in our program.

Are you currently using any illegal substance?  YES;  NO.

Have you ever used an illegal substance?  YES;  NO. If "yes," when was the last time? \_\_\_\_\_

In the space provided explain your past use of an illegal substance and your present status:

Are you now or have you ever received counseling or psychiatric treatment?  YES;  NO.

If "yes," please explain in the space provided. Include the reason for the treatment, the duration of the counseling and if or when it was completed:

## **LEGAL HISTORY**

Have you ever been investigated, arrested, or convicted of a criminal offense?  YES;  NO.

If "yes," please state the circumstances in the space provided:

Have you ever been investigated, arrested, or convicted of an offense against children?  YES;  NO.

If "yes," please state the circumstances in the space provided:

**PERSONAL INFORMATION**

In the space provided, please explain why you want to be a mentor?

Please list your hobbies and interests?

Please list skills and abilities you have (including languages you can speak)?

What church do you normally attend? \_\_\_\_\_

Please share a few sentences about who Jesus is to you and how he impacts your life.



# Mentoring Tucson's Kids Applicant Signature Permission Page

## PERSONAL REFERENCES (4 requested of which one should be a pastor who knows you.)

\_\_\_\_\_  
First & Last Names E-mail address Home Phone

\_\_\_\_\_  
Mailing Address (street, city, state & ZIP) Cell Phone

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First & Last Names E-mail address Home Phone

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Mailing Address (street, city, state & ZIP) Cell Phone

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First & Last Names E-mail address Home Phone

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Mailing Address (street, city, state & ZIP) Cell Phone

## POLICY AGREEMENT *(Carefully read the following and then sign, date and send all pages of this form.)*

I do authorize Mentoring Tucson's Kids to contact the above individuals as personal referrals for my role as a mentor. I, also, give each person named permission to provide requested information and understand that their responses shall be held in confidence by Mentoring Tucson's Kids.

Further, as a mentor with Mentoring Tucson's Kids, I agree that I will notify the office of Mentoring Tucson's Kids within 48 hours in the event I am arrested or charged with any criminal offense or traffic violation.

Further, I agree that I will contact the office within 48 hours if there is a significant change in my relationship with my mentee or if there is a change in the circumstances of the mentee that could alter that relationship or be life-changing.

Further, I acknowledge that I have read the Statement of Faith of M.T.K. and agree to its contents.

Further, I grant permission to Mentoring Tucson's Kids to conduct a normal background check by a professional screening company where all information is held in confidence by Mentoring Tucson's Kids in accordance with its document security policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_ S.S.# \_\_\_\_\_

**IMPORTANT: Applicant must provide a clear copy of driver's license and proof of insurance before application process can be completed.**