



Reaching Out Mentoring Program

PO Box 927 Pleasant Hill, OR 97455

(541) 736-0495

Mentor Application

Personal Information

Name _____

Residence Address _____ City/Zip _____

Mailing Address _____ City/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____

Person to contact in an emergency _____

Emergency Phone # _____

Date of Birth ___/___/___ Sex: M ___ F ___ Marital Status _____

How did you hear about this program? _____

Driver's License

Do you hold a current driver's license? () Yes () No

Date current license issues: _____

Driver's license state: _____

Driver's license #: _____

Do you own your own car? () Yes () No

Job History

Employment history (past three years, starting with most recent)

Employer's Name _____ Supervisor _____

Phone _____ Position/Title _____

Employer's Name _____ Supervisor _____

Phone _____ Position/Title _____

Employer's Name _____ Supervisor _____

Phone _____ Position/Title _____

Can we contact your employer as a reference? _____ If no, please explain:

Education

Highest level achieved _____

Name and location of school _____

Legal History

Have you ever been investigated for or charged with any offense involving a person under the age of 18? _____ If yes, please explain _____

Have you ever been investigated for or charged with any other offenses within the last 10 years?

_____ If yes, please explain _____

Medical History

Are you currently a user of illegal drugs? _____ If yes, please explain _____

Have you had problems with or been treated for alcohol or drug abuse within the last five years?

_____ If yes, please explain _____

Do you have any physical or mental condition that would limit your ability to be a Mentor? _____

If yes, please explain _____

References: (Please list THREE references with phone numbers)

Name

Phone

() _____ - _____

() _____ - _____

() _____ - _____

Background Information

How do you hope to help a child in our program? _____

What do you hope to gain from your mentoring experience? _____

Hobbies/ Interests _____

Please list any pervious experience working with children

Please list any other non-profit organizations in the Eugene/Springfield area that you have volunteered for

Personality Traits: Please check those that best describe yourself....

- () friendly ()funny ()quiet ()serious ()patient
- ()reserved ()talkative ()musical ()outgoing ()athletic
- ()artistic ()organized ()curious ()studious ()thoughtful

Placement Information

My interest is helping a child succeed: ()Academically ()Socially ()Both

I prefer to work with: ()Boy ()Girl ()Either

Age Preference: () Elementary (age 8 to 11) () Middle School (age 11 to 14) () High School (age 14 to 18)

note: Reaching Out Mentoring does not normal make matches at the high school level unless it is special circumstances.

Availability

Check the days you are available to mentor. Indicate the times for those days checked.

_____ Monday _____ am / pm to _____ am / pm

_____ Tuesday _____ am / pm to _____ am / pm

_____ Wednesday _____ am / pm to _____ am / pm

_____ Thursday _____ am / pm to _____ am / pm

I understand that disclosure of the information that I have provided in this application will be limited to those employees of the South Lane School District and staff of the Patrick McCurdy Education Foundation who participate in the selection and evaluation of Mentors for the Reaching Out Mentoring Program. I further understand that, if my application is denied, I am not entitled to an explanation of the reasons for such denial, nor am I entitled to a review of such action by the South Lane School District or its Board of Trustees. I represent that all the information I have provided in this application is true and correct and understand that such information will be relied upon by the Reaching Out Mentoring Program in considering my application.

Applicant Signature

Date

Photo Release Consent

I grant permission for Reaching Out Mentoring to use any photographs taken of me for use in public relation efforts. I understand that public relations is an important part of participating in Reaching Out Mentoring. All photographs that are taken of me or that I submit to Reaching Out Mentoring will remain the property of the photographer. Reaching Out Mentoring will have the rights to use these photographs for marketing materials and may be distributed through Reaching Out Mentoring promotional materials, website, or in other ways that Reaching Out Mentoring sees fit.

Applicant Signature

Date

Volunteering

_____ Reaching Out Mentoring Staff may contact me about tabling or assisting at recruitment or special events

_____ Please, do not ask me to help with mentor recruitment

Please mail the application and other forms attached to: Reaching Out Mentoring PO Box 927, Pleasant Hill, Oregon 97455