



Mentor Application

Name: _____ Social Sec. #: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Driver's license #: _____

Employer: _____ Title: _____

Length of employment: _____ Supervisor's name: _____

Have you ever been convicted of a crime?: _____ If "Yes", please explain:

Do you object to our organization running a background check on you?: (Y) _____ (N) _____

Do you object to our organization pulling your driving record? (Y) _____ (N) _____

Mentoring Information:

Why do you want to be a mentor?

Can you fulfill the three key time commitments the mentoring program requires? (Y) _____ (N) _____
(Participating Family = A Single Woman or A Single Mother Family)

1. Weekly contact with the assigned participating family (phone call, email, letter, short visit, etc.)
2. Monthly individual activity with mother and her children (such as watching a movie, play-dates with children, going grocery shopping or other things friends do together) ·
3. Attend a quarterly gathering sponsored by Jacob's Well with all the participating families and all of the mentor teams (designed to strengthen mentoring relationships and provide ongoing training and support from Jacob's Well staff)

Please describe any previous experience: _____

Please describe any previous experience volunteering or working with low-income single mother families: _____

What are your hobbies or special skills?: _____

Can you speak any other languages? If "Yes", please list all other languages you speak:

References:

Please list the names, addresses, and phone numbers of three people you would like to use as character references (please list only people you have known for at least **one year**):

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

Please read this section carefully before signing:

Our program appreciates your interest in becoming a mentor for a single woman/single mother family. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal background check as well as pull your driving history.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment of three key time commitments over the following 18 to 24 months.

(signature)

(date)