

# Good Sports - USA

## Youth Mentor Application

### SECTION ONE: GENERAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address?: \_\_\_\_\_ years (if less than five years, please list previous addresses below).

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

*This can be a cell, email, or person*

Marital Status:  Single  Married  Divorced  Separated

Children:  Yes  No  N/A

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

#### Previous addresses:

Address: \_\_\_\_\_

Dates: \_\_\_\_\_

Address: \_\_\_\_\_

Dates: \_\_\_\_\_

Address: \_\_\_\_\_

Dates: \_\_\_\_\_

**SECTION TWO: EMPLOYMENT INFORMATION**

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Length of employment: From \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION THREE: Background Screening** (this information will be kept confidential and secure)

**Will you agree to have the Good Sports – USA youth mentoring program check your background through federal and state agencies for criminal records and child abuse and neglect proceedings?**

(Please circle)      YES      NO

Social Security Number (*Required for criminal records check*): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you have a valid Driver's License?     Yes     No

State Issue: \_\_\_\_\_ Date Issue: \_\_\_\_\_ Expire Date: \_\_\_\_\_ Number: \_\_\_\_\_

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

\_\_\_\_\_

**SECTION FOUR: MENTORING INFORMATION**

Why do you want to be a mentor?

\_\_\_\_\_

Do you have any previous experience volunteering, mentoring, or working with youth?

\_\_\_\_\_

Do you have any hobbies or special skills?

\_\_\_\_\_

What support or resources would you need to be successful as a mentor?

\_\_\_\_\_

As a youth, did you have a mentor? What was successful and challenging about being mentored?

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<b>REFERENCES</b>
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Please list the names, addresses, and phone numbers of two personal character references, plus one employer reference. Please list only nonrelatives you have known for at least a year.

**Reference 1:** Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reference 2: Name:** \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reference 3: Name:** \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please read this carefully before signing:**

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 records check.

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 to my mentee of 4 hours a month for 15 months.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Application:

Darrell L. Feagin, Sr.

Program Director – (850) 251-2567