



## **Shaping Junior Minds**

## **Mentor Application**

We appreciate your interest in becoming a mentor. The information in this application will help us to match you with a student and will be kept confidential.

Date \_\_\_\_\_

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

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

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

Gender: Male/Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

Family: Single Married Divorced Separated

Name of Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

How did you find out about SJM? \_\_\_church \_\_\_mentor \_\_\_website \_\_\_  
board/staff other \_\_\_\_\_

**Would you agree to a background screening (local and DCPS  
volunteer) ? (Please circle) Yes No**



**Work Details:**

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Work Phone: \_\_\_\_\_

List any special interests, skills or hobbies you have:

List examples of any prior volunteer experience:

**Please circle the words that describe your personality:**

Sensitive Quiet Happy Shy Moody Nervous Spiritual

Adventuresome Confident Outgoing Talkative Friendly

Other:

\_\_\_\_\_

What motivates you to take an interest in kids \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**If you agree to become a mentor, you will be asked to agree to the following basic requirements:**

- ♣ To serve as a **Mentor**, you will be asked to make a minimum commitment of 6 months with openness to continue in the relationship on a long-term basis.
- ♣ To attend the Mentor involvement meeting or mentor training before you will be considered for a one-on-one match with youth.
- ♣ To maintain weekly contact with your mentee either in person, by phone, or electronically.
- ♣ To be dedicated and dependable in trying to assist your teen to achieve success in their spiritual, educational, and emotional development.
- ♣ To base your relationship on respect for the teen and their family.
- ♣ To maintain monthly phone contact with a mentor supervisor at Shaping Junior Minds.
- ♣ To complete one community service project with your mentee every year.

*SJM reserves the right to accept or decline volunteers based on the information gathered. For reasons of confidentiality SJM will not share this information or reasons of denial with any applicant.*

I certify that the information I have supplied is correct to the best of my knowledge. I give my permission to complete a background check.

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