



**DEFIANCE COUNTY
MENTORING PROGRAM**

MENTOR APPLICATION

(Please return to 1300 E. 2nd St. Suite 203, Defiance)

Personal Information:

Full Name _____ Gender : Male Female

Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____

Current Driver's License No.: _____ State: _____

Address: _____

City: _____ State: _____ Zip _____

Please list any other cities, states, and dates of residency during the past 10 years.

City State From (m/year) To (m/year)

City State From (m/year) To (m/year)

Home phone _____ Mobile phone _____

E-mail address _____

Employer: _____ Phone #: _____

Address: _____

Volunteer Information:

1. Indicate your grade preference: Elementary Jr. High/Middle School High School

2. Indicate school district(s) interested in:

Ayersville Local

Defiance City

Hicksville

Northeastern Local (Tinora)

Central Local (Fairview)

No Preference

Defiance Parochial (St. John's
Lutheran; Holy Cross)

Independence Education
Center (IEC)

Good Samaritan School



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3. Initial the two statements below:

_____ I understand that I will be required to make a one-year commitment to my mentee.

_____ I understand that the mentor program involves spending a minimum of one hour every other week with my mentee.

_____ I understand that I will be required to complete the mentor training session.

4. Yes No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

5. Yes No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #5?

6. If the answer is YES to questions 4 or 5, please explain below:

7. Educational Background (mark one):

Some high school

High school graduate

Some college

Other (please specify) _____

Graduate/professional school

Technical school

College graduate

8. Why do you want to become a mentor?

9. Please place an "X" on the days/times that you are available to meet with your mentee:

	Morning	Afternoon	After School	No Availability
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				



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10. Please list three references:

Name _____ Relationship _____
Address _____
City _____ State/ZIP _____ Phone number _____
Best time to reach them: _____

Name _____ Relationship _____
Address _____
City _____ State/ZIP _____ Phone number _____
Best time to reach them: _____

Name _____ Relationship _____
Address _____
City _____ State/ZIP _____ Phone number _____
Best time to reach them: _____

I understand it is necessary for the Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment. I authorize Defiance County Mentoring Program to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature

Date