

THE MENTORING AND LEADERSHIP DEVELOPMENT INSTITUTE

Thank you for your interest in participating in *The Mentoring and Leadership Development Institute*.

Our goal is to create a program that will encourage the development of a meaningful relationship between each mentor and mentee. To participate, you need to go through a screening process.

First, we want to know more about you and your interests and skills so we can better match the interests of mentors and mentees. Please take the time to answer the brief list of questions below. Second, complete the application below; all information you provide will be kept confidential. After a routine background check, you will then participate in a training program.

Contact Information:

Date: _____
First Name: _____ Middle Initial: _____ Last Name: _____
Maiden Name: (if applicable) _____
Job Title: _____
Company Name: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ E-mail Address: _____
Gender: Female Male Date of Birth: (mm/dd/yy) _____
Social Security #: _____
Current Home Address: _____
City: _____ State: _____ Zip: _____
County: _____
Home Phone: _____

Previous Addresses: (Please list all residences for the past five years, starting with the most recent.)

Address 1:

Street Address: _____
City _____ State _____ Zip _____ County: _____

Address 2:

Street Address: _____
City _____ State _____ Zip _____ County: _____

Address 3:

Street Address: _____
City _____ State _____ Zip _____ County: _____

Address 4:

Street Address: _____
City _____ State _____ Zip _____ County: _____

References:

To ensure the safety of the program participants, *The Mentoring and Leadership Development Institute* will be checking personal references on every applicant. Please list three people who know you well and can attest to your character, skill and dependability.

Reference 1:

First Name: _____ Last Name: _____

Phone: _____

Phone Location (check one) Home or Work

Work E-mail: _____

Relationship: (check one) Clergy Family Friend Teacher Work Associate Neighbor

Reference 2:

First Name: _____ Last Name: _____

Phone: _____

Phone Location (check one) Home or Work

Work E-mail: _____

Relationship: (check one) Clergy Family Friend Teacher Work Associate Neighbor

Reference 3:

First Name: _____ Last Name: _____

Phone: _____

Phone Location (check one) Home or Work

Work E-mail: _____

Relationship: (check one) Clergy Family Friend Teacher Work Associate Neighbor

Questions:

1. Why do you want to take part in this program?

2. Have you ever worked with youth? Yes No.

If yes, please explain in what capacity you have worked with youth. (What was your role and was it through volunteer activities, your own children, etc.?)

3. What do you do for your current employer? (Briefly explain your current job responsibilities.)

The Fine Print:

I, _____ (*print full name*), want to serve as a mentor for *TMALDI* , I understand that a third-party investigative agency will be conducting a background check on all volunteer applicants prior to their acceptance into the program. Any information obtained by the investigative agency conducting the background check will be used only in connection with the applicant's participation in *TMALDI*

By my signature below, I authorize _____ to conduct the background check for *TMALDI* and to make investigations and inquiries as necessary for purposes of my participation in this program. I also authorize all law enforcement agencies and courts to release information, if any, concerning me to _____. This authorization does not include the release of any medical information. If accepted as a volunteer for *TMALDI* , I agree to adhere to the Safety and Program Guidelines outlined in connection with *TMALDI* .

Signature

Date

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

8. Educational Background (mark one):

- Some high school Graduate/professional school
 High school graduate Technical school
 Some college College graduate
 Other (please specify) _____

9. Why do you want to become a mentor? _____

10. What days of the week are you available to volunteer? (check all that apply):

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

11. What is the best time for you to volunteer? (check all that apply):

- Mornings Afternoons Evenings Weekends

12. Please list four references (please include at least one family member, one personal friend and one work reference):

Name _____ Name _____
Address _____ Address _____
City _____ State/ZIP _____ City _____ State/ZIP _____
Phone number _____ Phone number _____
Relationship _____ Relationship _____

Name _____ Name _____
Address _____ Address _____
City _____ State/ZIP _____ City _____ State/ZIP _____
Phone number _____ Phone number _____
Relationship _____ Relationship _____

In making this application to be a volunteer, I understand that TMALDI routinely performs criminal and driving record checks of all volunteers for the position of mentor for which I am applying. This check may be done on me if I sign below. If I fail to sign, it may be grounds for rejecting me as a mentor.

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

1. Social Security number (needed for criminal record checks):

2. Birth date (needed for record checks): _____

3. Do you prefer working with a particular age level ?

- ages 7 and 8
- ages 9 and 10
- age 11
- age 12

4. Do you prefer working with all the above ages ?

5. Do you prefer working with a quiet, reserved child? Yes No No Preference

6. Do you prefer working with an outgoing child? Yes No No Preference

7. Do you prefer working with a student from a specific racial/ethnic group? Yes No
 No Preference

If yes, please specify: _____

8. Do you speak a foreign language? _____ If yes, please specify: _____

9. Please list any hobbies or interests you may have: _____

10. What would you like to do with a mentee? _____

11. What clubs or groups, if any, do you belong to? _____

12. My favorite subject in school was _____

13. My least favorite subject in school was _____

14. Please put an X by the activities you enjoy the most:

- ___ Playing sports such as _____
- ___ Watching sports such as _____
- ___ Writing
- ___ Reading
- ___ Listening to music such as _____
- ___ Photography
- ___ Attending plays
- ___ Going to the movies

- ___ Arts and crafts
- ___ Visiting zoos and parks
- ___ Visiting museums
- ___ Using computers
- ___ Playing games
- ___ Cooking
- ___ Exploring possible careers
- ___ Hiking and seeing nature
- ___ Other _____

15. What qualities would you like in a mentee? _____

16. What individual has served as a role model for you? Why? _____

17. If you could recommend one book for your mentee to read, what would it be?

TMALDI MENTOR MEDICAL FORM

Applicant Information

Name: _____ Grade: _____ SSN: _____ DOB: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Please indicate any health conditions that require treatments, procedure, medications or health monitoring during the day:

Primary Doctor: _____ Phone: _____

Emergency Contacts

Wife : _____
Cell Phone _____
Work Phone: _____
Other: _____
Family Member: _____
Work Phone: _____
Cell Phone: _____
Other: _____
e-mail address(es): _____

Please list two contacts who will be called ONLY in case of emergency and parent/guardian can't be reached.
Name: _____
Relationship: _____
Phone: _____
Name: _____
Relationship: _____
Phone: _____

I authorize The Mentoring and Leadership Development Institute ("TMALDI") to contact the persons named on this form and authorize the named physician to render whatever emergency treatment deemed necessary. If the physician, other persons named above cannot be reached, TMALDI may take whatever action they deem necessary for betterment of my health. I will not hold TMALDI financially responsible for the emergency care and/or transportation of me. I will keep TMALDI informed of any changes on this form.

Signature of Mentor Date