

Guiding Light Mentoring Program
MENTOR APPLICATION

Personal Information:

Name _____ Gender: Male/Female
First, Middle, Last

Address _____
Street City, State Zip

Date of Birth _____ Driver's License Number _____

Home phone _____ Mobile phone _____

Primary Email _____

Name/address of employer _____

Work phone _____ Occupation _____

Emergency Contact _____
Name Phone Number

Volunteer Information:

Write a brief statement on why you have chosen to participate in the mentor program.

What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program?

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? If yes, please explain bellow. _____Yes _____No

Are you under current indictment or has a district/county attorney accepted an official complaint for any misdemeanor or felony? If yes, please explain below. Yes No

Educational Background (mark one):

- | | |
|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Technical school |
| <input type="checkbox"/> Some college | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Other (please specify) _____ | |
-

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

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Additional Info: _____

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

Mornings Afternoons Evenings Weekends

Additional Info: _____

Do you have a preference on how far you are willing to travel to mentor? (County/City) Please explain.

Under 30 mins More than 30 but less than 1 hr Any distance is fine (within reason)

We do require two personal references for each person applying to become a mentor. This is just another safety net for the people we have that are in need of mentoring. We have provided two of our Volunteer Reference Forms for you to give to the persons of your choosing. (Please include at least one family member). We suggest sending these forms out as soon as possible as it takes time to get them back.

If accepted to be a mentor into the Guiding Light Mentoring Program, I agree to and understand the following terms **(initial each box)**

I understand that the mentor program involves spending a **minimum** of one hour every week for the academic year with my assigned mentee.

I understand that I will be encouraged to participate in any educational training to better my involvement with the mentorship program.

I understand and agree that all information (i.e. name, address and phone number) regarding my mentee will be **kept confidential and not disclosed to anyone at any time.**

I understand that as a Children's Lantern mentor, I am a mandated reporter and must report all suspected child abuse to the Mentoring Project Coordinator.

I agree to provide copies of my current insurance information and valid driver's license. *I also agree to **provide** a yearly abstract of my driving record IF I will be transporting my mentee.

I understand that the Guiding Light Mentoring Program annually performs criminal 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

Preferences and extra information. This will aid us in the matching process.

1. Indicate your preference: Elementary Age Student Jr. High/Middle School
 High School Student Trafficking Survivor over 18 Trafficking Survivor under 18

Additional preferences? Please explain. _____

2. Do you prefer working with a Female Male No Preference

3. Do you prefer working with a student from a specific racial/ethnic group? Yes No
 No Preference If yes, please specify: _____

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

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

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

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

- Playing (or 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 _____
-

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

13. What activities would you be interested in taking your mentee to? (ie. football/basketball games, special events at the library, putt-putt golf, movies, lunch, etc)

14. Do you have any religious preferences you would like for us to take into consideration?

15. What's your favorite color? (Cause we all need to have an even number of questions AND a little FUN too!) _____

Please return or mail this application and all items listed above to

Guiding Light Mentoring Program

A **CHILDREN'S LANTERN** project

320 Jackson Ave.

Defiance, OH 43512

419.913.2473

MENTOR GUIDELINES/INSTRUCTIONS

1. Be dependable and punctual! If you will be late or absent, please notify the mentee or guardian/contact person of mentee.
2. Before coming to your mentoring meeting, call the mentee or guardian/contact person to insure that mentee will be present and available to meet.
3. We ask that you keep a log sheet in the journal we provide to record information after each of your meetings. Information logged includes such things as time/date of meeting, activities done with mentee, discipline problems, concerns, injuries, etc. Report any major incidents to designated Children's Lantern staff as well as to guardian/contact person (if mentee is a minor).
4. Never put yourself into situations that could be perceived as inappropriate. Meet in public places as much as possible. Examples– Never be in a home alone with the child. Never be in a bedroom or bathroom with child.
5. Absolutely **NO** photos or sharing of information can be shared on social media sites!
6. Refer serious concerns or discipline problems to the guardian/contact person.
7. Never give any kind of medication (i.e., aspirin) to a minor mentee.
8. Smoking, drinking or drug use is not permitted while with a mentee.
9. Respect mentees privacy. When meeting and talking with mentee in public, avoid talking about private matters where others can hear.
10. Respect cultural and social differences and religious beliefs. Do not try to change them, but instead accept them as they are. Avoid imposing your own upon them.
11. If the mentee is a minor, no mentor may transport their mentee without written/signed permission without the mentee's guardian.
12. Make any promises sparingly and keep them faithfully.
13. Mentor/mentee assignments may be changed if either the mentor or mentee request it.
14. Please do not carry weapons of any kind when spending time with your mentee. We understand this is a touchy subject, but it can also be damaging for some of the youth needing guidance.
15. Never pressure your mentee to share any part of their story. Always let them lead the conversation about such matters and allow them to share what they feel comfortable with.

Signature

Date