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Impact Mentoring

Mentor Application

Lifeline Community and Youth Center
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Brenda Davis
Program Director



On

Be A Mentor

**LIFELINE COMMUNITY AND YOUTH CENTER
IMPACT MENTORING
MENTOR APPLICATION**

Personal Information (PLEASE PRINT)

DATE: _____

Title: _____ Name: _____
(Mr.Mrs.etc) (Last) (First) (Mid. Init)

Home Address: _____
(Street) (Apt #)

(City) (State) (Zip Code)

Telephone Home: () _____ Work:() _____

Email Address: _____

Employer: _____ Position: _____

Employers Address: _____
(Street) (Suite/Office #)

(City) (State) (Zip Code)

Language/s: English Spanish Other: _____

Grade/age Level preferences 4-8(10-13years) 9-12(14-17)

(Optional) *(Information in this section is used only to match mentor with student.)*

Sex: Male Female
Age Range: Under 21 21-61 62 plus
Race/Ethnic Group: White African American Hispanic
 Multi-Racial American Indian Asian/ Pacific Islander
Marital Status: Married Divorced Widow/ er Single Separated

Interest s, Hobbies, Skills, Talents, Collections, etc.

For Office Use Only

Date Trained: _____ **Trained By:** _____

Student Assigned: _____ **Date Assigned:** _____

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COMPLETION OF THE FOLLOWING IS REQUIRED OF ALL APPLICANTS

List previous employer.

(Employer) (Length of employment) (Job Title)

How long have you resided at your current address? _____

If less than 3 years, what was your previous address?

(Street) (Apt. #) (City, State, Zip Code)

How long at this address? _____

Student and staff safety are a priority for Lifeline Community and Youth Centers Impact Mentoring Program, therefore, the following questions must be answered truthfully. Your omission of any criminal history pertinent to the three numbered questions below will result in the immediate end to your involvement with students until further notice.

1. Yes No **Have you EVER BEEN convicted of child abuse, incest, lewd and lascivious action, pornography or other sexual offense?**
2. Yes No **Within the last five (5) years, have you been convicted of the sale or possession of drugs, drug paraphernalia or other drug related offense?**
3. Yes No **Within the last five (5) years, have you been convicted of assault, battery or other violent crime?**

By signing this document, I acknowledge and agree that:

- The Impact Mentoring Programs Department is not obligated to assign or actively seek to assign me a student,
- Additional information may be elicited from me by the Lifeline Community and Youth Center Impact Mentoring Programs Coordinators or The Executive Board.
- The Impact Mentoring Programs Department reserves the right at all times to terminate my participation as a mentor.

As a mentor/volunteer, I agree to abide by the policies of Lifeline Community and Youth Centers Impact Mentoring Program. Which include security background checks. By my signature, I certify that I know, understand and agree that any false statement or omission of requested information will result in the immediate termination of my participation in this program. (As a volunteer, I agree to abide by the policies of Lifeline Community and Youth Center Impact Mentoring Program.

Signature _____ **Date:** _____

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Mentor Interest Survey

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays: ___ Lunch time: ___ During School: _____ After school: ___
Evenings: ___
Weekends: ___
Other: ___

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What were your favorite subjects in school?

What are your favorite subjects to read about?

If you could learn something new, what would it be?

What person do you most admire and why

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Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of *special interest* to you and your child. Thank you