



## Mentee Application

### SECTION ONE: GENERAL INFORMATION

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

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

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

How long have you lived at this address? \_\_\_\_\_ years (if less than five years, please list previous addresses below).

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

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

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

Alternate Contact: \_\_\_\_\_

*This can be a cell, email, or person*

Marital Status:  Single  Married  Divorced  Separated

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Or if pregnant due date: \_\_\_\_\_

#### Previous addresses:

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

Dates: \_\_\_\_\_

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

Dates: \_\_\_\_\_

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

Dates: \_\_\_\_\_

\_\_\_\_\_  
Date received (office only)

**SECTION TWO: EMPLOYMENT INFORMATION**

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

Title: \_\_\_\_\_ Work phone: \_\_\_\_\_

Length of employment: From \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

**SECTION THREE: Background Screening** (this information will be kept confidential and secure)

**Will you agree to have the Hands of Hope program check your background through federal and state agencies for criminal records and child abuse and neglect proceedings? Whether you have a criminal record will not necessarily make you ineligible to participate in the program.**

(Please circle)      YES    NO

Social Security Number (*Required for criminal records check*): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you have a valid Driver's License?     Yes     No

State Issue: \_\_\_\_\_ Date Issue: \_\_\_\_\_ Expire Date: \_\_\_\_\_ Number: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If "Yes", please explain: \_\_\_\_\_

\_\_\_\_\_

**SECTION FOUR: MENTORING INFORMATION**

Why do you want to participate in Hands of Hope mentoring program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have specific goals you would like to work on? Please list them below

\_\_\_\_\_  
\_\_\_\_\_

What support or resources would you need from your mentor?

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What do you hope to get out of the mentoring program?

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Describe how your personal recovery journey has helped you to get where you are today?

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Please fill out the box below about past substance use

Substance	Date of last use
Alcohol	
Marijuana	
Crack/Cocaine	
Prescription Opioids	
Heroin	
Other:	
Other:	

**Please read this carefully before signing:**

By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentee. If selected I will follow the rules of the program. I agree to the time commitment to my mentor for 12 months.

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