



Mentor Application

SECTION ONE: GENERAL INFORMATION

Name: _____ Maiden _____
(First) (Middle) (Last)

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

Children: Yes No N/A

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

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 and what county and state of conviction: _____

SECTION FOUR: MENTORING INFORMATION

Why do you want to be a mentor?

Do you have any previous experience volunteering, mentoring, or working with women in recovery?

What support or resources would you need to be successful as a mentor?

What do you hope to get out the mentoring experience?

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

Please fill out the box below about past substance use. Mentors are required to have at least one year clean and sober.

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

REFERENCES

Please list the names, addresses, and phone numbers of two personal character references, plus one employer reference. Please list only nonrelatives you have known for at least a year.

Reference 1: Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Reference 2: Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Reference 3: Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

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 mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment to my mentee for 12 months.

Signature: _____ Date: _____