



HIGH SCHOOL: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Year Graduated: \_\_\_\_\_  
TECH SCHOOL/COLLEGE: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Degree & Major: \_\_\_\_\_

**MILITARY SERVICE:**

BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_ SERVICE DATES: \_\_\_\_\_

DATE & TYPE OF DISCHARGE: \_\_\_\_\_

**VOLUNTEER RECORD:**

List service clubs, fraternal organizations, and volunteer boards to which you belong:

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

Are you affiliated with a church? Y N If yes, CHURCH NAME: \_\_\_\_\_

List your past experience with children or youth \_\_\_\_\_

\_\_\_\_\_

**HEALTH:**

How would you describe your present health?

Poor

Fair

Good

Excellent

Any recent/current serious medical conditions? \_\_\_\_\_

Physical limitations or concerns? \_\_\_\_\_

List medications taken on a regular basis? \_\_\_\_\_

Family Physician: \_\_\_\_\_ Clinic/Dr. Office: \_\_\_\_\_

Phone # for Physician: ( ) \_\_\_\_\_ Insurance and #: \_\_\_\_\_

Do you: Smoke? Y N Drink alcohol? Y N Use any illegal narcotics? Y N

Have you ever been diagnosed with or received treatment for any of the following? (If , list dates and treatment)

Psychiatric Illness (including depression): \_\_\_\_\_

Chemical Dependency: \_\_\_\_\_

Physical/Sexual Abuse: \_\_\_\_\_

**CRIMINAL BACKGROUND:**

Have you ever been arrested? Y N If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been *convicted* of a felony? Y N If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever had an incident of child abuse reported against you? Y N If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

In what State(s) have the above taken place: \_\_\_\_\_

Do you or does anyone in your household own a gun of any type? Y N If yes, please identify the type of gun, whether or not it is registered, and how and where the weapon is kept: \_\_\_\_\_  
\_\_\_\_\_

Has anyone in your household ever been arrested on murder, drug, or assault charges, or for acts of any type of sexual abuse? Y N If yes, please explain: \_\_\_\_\_

**TRANSPORTATION:**

Do you have a *valid* drivers license? Y N Drivers License #: \_\_\_\_\_ State \_\_\_\_\_

Primary transportation: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate #: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Have you had any moving violations or accidents in the last 5 years? Y N  
Describe \_\_\_\_\_

Has your auto insurance ever been cancelled? Y N Reason: \_\_\_\_\_

|                                       |
|---------------------------------------|
| <b>Insurance<br/>Check</b>            |
| Date:<br>Valid?<br>Driving<br>Record: |

**OTHER INFORMATION:**

Please list any names you have legally been identified by (i.e. maiden name, other married names, aliases, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Please list the cities & states where you have previously lived within the past 10 years (include years lived there):  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Please give names, complete mailing addresses, and phone numbers of at least three references:

Family member or relative (outside your home):  
NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Employer or Co-Worker:  
NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**Friend or Neighbor:**

NAME \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Other (Teacher, Minister, School Counselor, etc.):**

NAME \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Please feel free to make any additional comments or notations that may help \_\_\_\_ (mentor program) in the review and screening process.

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

I, \_\_\_\_\_, have had the opportunity to review \_\_\_\_ (mentor program) material, including information regarding the duties and responsibilities in becoming a mentor and the process involved in becoming a mentor. I understand that by applying to become a mentor, I must undergo a number of background investigations and much of my personal information will be screened. The information I have supplied to \_\_\_\_ (mentor program) is accurate and truthful to the best of my knowledge. I understand that \_\_\_\_ (mentor program) will keep my information as confidential as possible, but that all information obtained through the screening process and presented by myself or references may be shared with the mentee's family I may be matched with, as well as with organizations involved in the immediate and continuous screening process.

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\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date