

Personal Information

Name (First, Middle, Last):		
Street Address:		
City, State, Zip Code:		
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
Date of Birth:	Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnicity:	Marital Status:	
Highest Level of Education:		

Employment History

Employment Status: <input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired
Current Employer:	Occupation:	
Employer’s Address (Street, City, State, Zip Code):		
Dates of Employment (m/year):	to	
Supervisor’s Name:	Supervisor’s Phone:	
May we contact you at work: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Availability Preferences to Meet with Mentee (Check ALL that Apply)

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School (Between 7 am-8am)	unavailable				
Lunch Time Meeting (Between 11am – 12:45 PM)					
After School (Between 3:15 pm-5pm)					unavailable

* We would prefer you to meet with your mentee for 30 minutes per week throughout the school year, but we understand personal obligations and can be flexible with your time commitments.

Any Additional Comments or known pre-existing schedule conflicts at this time:

Personal References (3 required)

Please list the names, addresses, and phone numbers of THREE people you would like to use as character references (must have known them for a minimum of 2 years). Include at least one relative.

Any information gathered from these references will be kept confidential and not released to you, the applicant.

1.	Name:	Phone Number:
	Address (Street, City, State, Zip Code):	
	Relationship:	How Long Known:
2.	Name:	Phone Number:
	Address (Street, City, State, Zip Code):	
	Relationship:	How Long Known:
3.	Name:	Phone Number:
	Address (Street, City, State, Zip Code):	
	Relationship:	How Long Known:

Mentor Interest Survey

This survey will help us learn more about you and your interests and help us find a good match for you.

Please indicate School and Age Group(s) you are interested in working with:

<input type="checkbox"/> Meadow View Primary School – Grades K-1 (Age 5-7)	
<input type="checkbox"/> Rock River Intermediate School – Grades 2-6 (Age 7-12)	
<input type="checkbox"/> SAGES – Grades K-7 (Age 5-12)	<input type="checkbox"/> CWC – Grades K-12 (Age 5-18)
<input type="checkbox"/> Jr. High – Grades 7-8 (Age 12-14)	<input type="checkbox"/> Sr. High – Grades 9-12 (Age 14-18)

Do you speak any languages other than English? No Yes - If so, which languages -

Would you be willing to work with a child who has disabilities – physical, emotional, medical, learning, etc.?
 Yes No Maybe

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

What are your favorite subjects or topics to read about?

What is one goal you have set for the future?

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

What person do you most admire and why?

Please check all activities you are interested in:

<input type="checkbox"/> Animals/Pets	<input type="checkbox"/> Sports	<input type="checkbox"/> Puzzles	<input type="checkbox"/> Board Games	<input type="checkbox"/> Outdoors
<input type="checkbox"/> Music	<input type="checkbox"/> Art	<input type="checkbox"/> Movies	<input type="checkbox"/> Library	<input type="checkbox"/> Science

List any other areas of strong interest:

REACH One appreciates your interest in becoming a mentor.

- o Please understand that your references will be contacted and a background check will be completed.
- o By completing this application, you are in no way obligated to volunteer to become a mentor.
- o REACH One is not obligated to match you with a youth and is not obligated to provide a reason for their decision in accepting or rejecting you as a mentor.

By signing below, I attest to the truthfulness of all information listed on this application.

Applicant Signature _____ Date _____

Application Questions

1. Why do you want to become a mentor?

2. Do you have any previous experience volunteering or working with youth? Yes No
If so, please specify -

3. What qualities, skills, or other attributes do you feel you have that would benefit a youth?
Please Explain.

4. Can you commit to participate to be a mentor for a minimum of **ONE SCHOOL YEAR** once you are matched with a youth? Yes No

5. Are you able to meet with a child once a week for 30 minutes? Yes No
Please explain any particular scheduling issues as we can be flexible while keeping the child's best interest in mind – REMEMBER - some time is better than no time at all!

6. How would you describe yourself as a person?

7. How would your friends, family, and/or co-workers describe you?

8. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities and receive feedback regarding any difficulties during your participation in the mentoring program? Yes No

9. Are you willing to attend an initial mentor training session and any optional in-service training sessions throughout the year after being matched? Yes No

10. Do you have any up-front questions or concerns or comments you would like addressed? Yes No
If so, please specify -

Thank you for your interest in making a difference in the life of a Waupun youth today!

Marla Werner – Mentor Program Coordinator reachone@reachwaupun.org 920.239.8542

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