



**Mt. Ararat Community Activity Center
"Male Mentoring Program"**

Volunteer Mentoring Application

The information on this application is for our mentor file records. It will be used to assist in matching your skills, aptitudes and interests with a participating youth. This information will be available for the mentoring ministry. If you have questions regarding the privacy of this information you may discuss it with the Program Coordinator.

(PLEASE PRINT)

Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____

Age _____ Birth Date _____ Email _____

Best Time to call _____

Years of Education (circle one) High School 9 10 11 12 College 1 2 3 4 5+ Trade
Other Education _____ Degree (If Any) _____

Name and Address of Employer _____

Job Title _____

Please list any previous volunteer/work experience with young people:

What days and times are you available to mentor?

What are your interests/hobbies?

What special skills do you have to offer a young person?

Why do you want to be a mentor?

Please list three references we may contact (Two personal and one work related)

Personal

1. Name _____ Phone _____
Relationship _____ Know how long? _____
2. Name _____ Phone _____
Relationship _____ Know how long? _____

Work Related

1. Name _____ Phone _____
Relationship _____ Know how long? _____

Mentor release statement

I understand that it is my responsibility to complete Act 33 and Act 34 clearances and participate in the program interview for entrance into the mentoring ministry to be considered. Furthermore, I agree to attend the scheduled trainings and to communicate with the Program Coordinator regarding dates and times of scheduled meetings with the mentee.

Signature _____ Date _____