



Mount Ararat Community Activity Center

Middle School Mentoring Program

Mentor Profile - 1 of 2

Keeping Mentors and Volunteers information secure is a top priority for all of us at Mt. Ararat Community Activity Center. It is our responsibility to protect the personal information we collect about our Mentors and Volunteers. Violating this policy may result in immediate termination of employment or services.

Date	First & Last Name	Birthday	Gender	Race	Disabled
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Personal Info <i>(check which is the most effective method of contacting you)</i>			
Address • Apt # • City • State • Zip Code <hr/> Work # <input type="checkbox"/> Home # <input type="checkbox"/> Cell # <input type="checkbox"/> Email Address <input type="checkbox"/> Best Time To Call <hr/> Name of Employer <hr/> Address • Suite # • City • State • Zip Code <hr/> Job Title Are you a licensed driver? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you drive a 15 passenger van? <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Level <input type="checkbox"/> Non Grad <input type="checkbox"/> High School Grad / GED <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Grad <input type="checkbox"/> Advanced Degree Recruitment Source <input type="checkbox"/> Business Community <input type="checkbox"/> Civic Organization <input type="checkbox"/> Fraternity / Sorority <input type="checkbox"/> General Public	Status 1. Interview _____ 2. References _____ 3. Act 33 / 34 _____ 4. Orientation _____ 5. Training _____	Date Completed <input type="checkbox"/> Professional Association <input type="checkbox"/> Religious Institution <input type="checkbox"/> University <input type="checkbox"/> Other _____

Emergency Contact Info				
First and Last Name	Relationship	Home #	Work #	Cell #
First and Last Name	Relationship	Home #	Work #	Cell #

Personal References				
First and Last Name	Relationship	Home #	Cell or Work #	Known How Long?
First and Last Name	Relationship	Home #	Cell or Work #	Known How Long?

Work Related Reference <i>(If retired, please provide us with another personal reference)</i>				
First and Last Name	Relationship	Work #	Ext	Known How Long?

Your Hobbies / Interests <i>(check all that apply)</i>		Playing	Watching
<input type="checkbox"/> Arts / Crafts	<input type="checkbox"/> Baseball	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Biking	<input type="checkbox"/> Basketball	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Computer / Video Games	<input type="checkbox"/> Football	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooking	<input type="checkbox"/> Golf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Listening To Music	<input type="checkbox"/> Hockey	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Movies / Watching TV	<input type="checkbox"/> Soccer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reading	<input type="checkbox"/> Softball	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rollerblading	<input type="checkbox"/> Tennis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Preference <i>(check all that apply)</i>
Would you be willing to be matched with youth from a home environment with: <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Substance Abuse
Comments: _____ _____ _____

