IN THE COURT OF COMMON PLEAS, CLARK COUNTY, OHIO

JUVENILE DIVISION

JUDGE KATRINE M. LANCASTER

**Mentor Application**

**PLEASE FAX, MAIL, OR EMAIL COMPLETED APPLICATIONS TO:**

**ATTN:** Abby Easton, (937)521-3223/ 101 E. Columbia St. Springfield, Ohio 45502/ eastona@clarkohiojuvcourt.us

We appreciate your interest in becoming a mentor. The information in this application will help us to match you with a mentee and will be kept confidential.

(PLEASE PRINT)

|  |  |
| --- | --- |
| NAME:         | DATE:      |
| DOB:        | SSN:      | PHONE:      | CELL:      |
| EMAIL:      |
| ADDRESS:      |
| CITY:        | STATE:      | ZIP:      |
| DRIVER’S LICENSE:      |
| EMPLOYER:        | OCCUPATION:      |
| WORK ADDRESS:      |
| CITY:        | STATE:       | ZIP:      |
| BUSINESS PHONE:       | FAX:      |

FAMILY: [ ] Single[ ] Married[ ]  Divorced[ ] Separated

Name of Spouse:

|  |
| --- |
|       |

|  |  |
| --- | --- |
| 1St Choice  | 2nd Choice |
|       |       |

Preferred mentoring day (Mon-Fri):

Provide the best time of day to mentor (check all that apply):

[ ] Morning [ ] Afternoon [ ] evening

Do you prefer to be matched with? (check all that apply):

[ ] boy [ ] girl [ ] No preference

I would like to work with children in (check all that apply):

[ ] Middle School [ ] High School

How did you hear about Mentoring Program?

[ ] Church [ ] mentor [ ] website [ ] staff [ ] other:

What words describe your personality (check all that apply):

[ ] Spiritual [ ] Adventurous [ ] confident [ ] Sensitive [ ] Happy [ ] Moody

[ ] Quiet [ ] Outgoing [ ] Shy [ ] Nervous [ ] Talkative [ ] Friendly

List examples of any prior volunteer experience:

Please write a brief statement about why you wish to be a mentor: ­­­­­­­­­­­­­

Please describe special hobbies/interests which may be helpful in matching you with a mentee (e.g., cooking, crafts, career interests, chess, stamp collecting, sports such as baseball or football, computers, art, music, etc.):

Do you have any experience working with children? If so, how will it help you in working with your mentee?

What kinds of activities would you do with a mentee?

Please list the addresses where you have lived for the last (5) years. Begin with the most recent, after your current address:

|  |  |
| --- | --- |
| DATES:      | ADDRESS:      |
| CITY:      | ST:       | ZIP:      |
| DATES:      | ADDRESS:      |
| CITY:      | ST:       | ZIP:      |
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| DATES:      | ADDRESS:      |
| CITY:      | ST:       | ZIP:      |

**MENTOR PERSONAL/EMPLOYMENT HISTORY & RELEASE STATEMENT**

Please provide two personal references that are not family members:

|  |  |  |
| --- | --- | --- |
| NAME:      | PHONE:      | CELL:      |
| RELATIONSHIP:      | EMAIL:      |
| ADDRESS:      |
| CITY:      | STATE:      | ZIP:      |
| NAME:      | PHONE:      | CELL:      |
| RELATIONSHIP:      | EMAIL:      |
| ADDRESS:      |
| CITY:      | STATE:      | ZIP:      |

Employment History (list at least 3 places of employment):

|  |  |  |
| --- | --- | --- |
| COMPANY:      | EMAIL:      | SUPERVISOR:      |
| ADDRESS:      |
| CITY:      | ST:      | ZIP:      |
| DATE OF EMPLOYMENT:      | TO:      | FROM:      | TITLE:       |
| COMPANY:       | EMAIL:       | SUPERVISOR:       |
| ADDRESS:       |
| CITY:       | ST:       | ZIP:       |
| DATE OF EMPLOYMENT:       | TO:       | FROM:       | TITLE:        |
| COMPANY:       | EMAIL:       | SUPERVISOR:       |
| ADDRESS:       |
| CITY:       | ST:       | ZIP:       |
| DATE OF EMPLOYMENT:       | TO:       | FROM:       | TITLE:       |

 **MENTOR RELEASE STATEMENT**

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the Clark County Juvenile Court Mentoring Program. I understand that the program involves spending a minimum of four (4) hours a month with assigned mentee. Further, I understand that I will attend and participate in training session(s) as required, keep in regular contact with my mentee, and communicate with staff regularly during this period. I am willing to commit to one (1) year in the program and then will be asked to renew for another one (1) year.

I have not been convicted, within the past seven (7) years of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under any current indictment.

Further, I hereby fully release, discharge, and hold harmless the Clark County Juvenile Court Mentoring Program, participating organizations, and all of the foregoing employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the Clark County Juvenile Court Mentoring Program.

I understand that the Mentoring Program Coordinator reserves the right to terminate a mentor from the program. The program takes places within the confines of the program’s policies and does not encourage or approve of relationships established between mentor/mentee and family members beyond the organized and supervised activities of the program. I give permission for the program staff to conduct a criminal background check as part of the screening for the entrance into the program. This includes verification of personal and employment references as well as a criminal check with the local authorities. Program staff has the final right of acceptance of an applicant into the program and reserves the fight to terminate the mentor from the program at any time. I have read the above Release Statement and agrees to the contents. I certify that all statements in this application are true and accurate.

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Signature of Applicant Date