



Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ Prov: _____ P/C: _____

Home phone: _____ Work phone: _____

Email: _____

Social Insurance #: _____ Driver's License #: _____

Date of Birth: (dd/mm/yy) ___/___/___ Gender: Male Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Please list any other cities, provinces, and dates of residency during the past 10 years.

City Prov From (m/year) To (m/year)

City Prov From (m/year) To (m/year)

City Prov From (m/year) To (m/year)

Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ Prov: _____ P/C: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ Prov: _____ P/C: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

Background Information:

1. Do you have any previous experience volunteering or working with youth? If so, please specify.
2. How would you describe your general health (excellent, good, fair, poor)? Are you currently under a physician's care or taking any medications? If so, please explain.

3. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
4. Have you ever used, or are you using, illegal drugs? If so, what substances were/are used and how often?
5. Do you drink alcoholic beverages? If so, how often (regularly or socially)?
6. Do you use tobacco products? If so, how often (regularly or socially)?
7. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
8. Have you ever, or do you, suffer from emotional or mental illness? Have you ever been treated or hospitalized for a mental health issue? If yes, please explain.
9. Have you ever been investigated or convicted of child abuse or neglect or sexual abuse of a youth 18 or younger? If yes, please explain.

Mentoring Information:

10. Why do you want to become a mentor?
11. What qualities, skills, or gifts do you feel you have that would benefit a youth?
12. Where do you attend church? Please briefly describe your faith community and your involvement there.
13. Please share a brief sketch of your spiritual journey, and include what your relationship with God looks like today. (Please use an additional page if necessary.)



Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information the YFC Mentoring Project gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: _____

Address: _____

City: _____ Prov: _____ P/C: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ Prov: _____ P/C: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ Prov: _____ P/C: _____

Phone: _____

Relationship: _____ How long known: _____



Youth for Christ Mentoring Project
We see the hope and potential in every young person

Terms of Agreement & Information Release

Please read this carefully before signing:

The YFC Mentoring Project appreciates your interest in becoming a mentor!

Please initial each of the following:

_____ I am willing to participate in the YFC Mentoring Project for a minimum of one year from the time I am matched with a youth.

_____ I am willing and available to meet with a child eight hours per month and have contact at least once per week.

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that the YFC Mentoring Project is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow the YFC Mentoring Project to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

_____ I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Personal References Form
- Interest Survey Form
- Statement of Faith
- Criminal History Release Form (CPIC with vulnerable sector and Sexual Offender search)

I, _____, understand it will be necessary for the YFC Mentoring Project to conduct a background check regarding my criminal history, personal references, and employment.

I authorize YFC to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any provincial or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for YFC to conduct the same investigation of my background in previous provinces in which I have resided.

Further, I understand that information about me will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable

match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

Please return or mail this application and the items listed above to the Mentoring Project Coordinator, YFC Steinbach, 220 Lumber Ave, Steinbach, MB, R5G 0T6



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Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help the YFC Mentoring Project know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply and specify any particular scheduling difficulties.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends: ___ Other: ___
Specify particular issues:

Please indicate age group(s) you are interested in working with:

Age: 11-13 ___ 14-16 ___ 17-18 ___

Do you speak any languages other than English? If so, which languages?

Would you be willing to mentor a youth who is referred from the Youth Justice system or the Alternative Justice Committee in Steinbach?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. _____

What are some favorite things you like to do with others?

What are your favorite subjects to read about?

What is your job and how did you choose this field?

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?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Reading
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Art	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping
<input type="checkbox"/>	Hockey	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Skateboarding/BMX	<input type="checkbox"/>	Photography	<input type="checkbox"/>	

List any other areas of strong interest:



Youth for Christ Steinbach **PHONE: 204-326-4366**
220 Lumber Avenue **FAX 204-346-0620**
Steinbach, MB R5G 0T6 **EMAIL: yfcsteinbach@shaw.ca**
"We see the hope and potential in every young person"

Date:

RCMP Steinbach

RE: Criminal Record Check

Dear Sir or Madame:

This letter confirms that _____ has applied to serve as a volunteer at BACKSTAGE TEEN DROP IN CENTER. It is our policy that all applicants provide us with a current Criminal Record Check.

It is my understanding that this letter of authorization waives any fees connected to providing this Criminal Record Check.

Thanks for your co-operation in providing first class volunteers for organizations like ours.

Questions or concerns as related to this matter should be directed to my office at 326-4366.

Sincerely,

A handwritten signature in cursive script that reads "Jim Harms".

Jim Harms

Executive Director