



Trusted Mentors

1508 Tippecanoe St. Suite 1-906

Lafayette, IN 47904

Phone: (765)423-6939

Mentor Application

Personal Information

Date: _____

Full Name: <i>First</i>			<i>Middle</i>			<i>Last</i>		
Home Address:								
City :					ZIP:			
Home Phone:			Work Phone:			Cell Phone:		
Preferred Phone:		Preferred time to contact:			Email address:			

To assist with matching, please answer the following:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB: <i>mm/dd/yyyy</i>		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language:				Other Languages Spoken:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Common Law							
Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other							

Employment, Education and Volunteer Information

Current Employer:		Title:	
Length of Employment:		Does your current employer offer contribution matching? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Educational Degrees/Professional Licenses/Special Training:			
Past Volunteering:			
Agency	Position	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____

Interest in Program and Experience

How did you hear about Trusted Mentors? (Check all that apply.)

- Trusted Mentors web site Gala Other Event
 Volunteer Match Empowerment and Eggs
 Friend (if so, who? _____) Other (if so, what? _____)

Why do you want to mentor with Trusted Mentors?

Do you have any previous experience (personal, volunteer or work-related) in any of the following areas? If yes, please describe.

- Homeless Prevention Foster Care Re-entry Mental Illness
 Homeless Incarceration Addictions

Description:

In what specific area could you support a mentee?

- Personal finance Maintaining stable housing
 Obtaining /retaining employment Transitioning from recovery house
 Improving level of education Completing the process of divorce
 Improving homemaking skills Help develop methods to prevent living in crisis
 Establishing a network of reliable people Transition from incarceration to the community
 Childcare and parenting issues Transition from foster care to independent life

Are you interested in other areas of support for Trusted Mentors, such as:

- Recognition Nights Special Events Mentor Recruitment
 Business Operations Office Support
 Fundraisers Financial Contributions

Other Information

What times are you available to mentor? <input type="checkbox"/> Weekdays AM <input type="checkbox"/> Weekdays PM <input type="checkbox"/> Weekend AM <input type="checkbox"/> Weekend PM	
Do you have transportation available? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have insurance to cover another person in your car? <input type="checkbox"/> Yes <input type="checkbox"/> No	At times, are you willing to drive your mentee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in a faith-based match? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Either	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been investigated for child abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Some of the programs Trusted Mentor works with might require meeting with a mentee in their urban, inner-city neighborhood. On a scale of 1 (low) to 5 (high), how comfortable would you be meeting with a mentee in their urban, inner-city neighborhood? _____

Activities and Hobbies

What are your interests? (Check all that apply.)

GENERAL

- | | | | |
|--------------------------------------|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Shopping | <input type="checkbox"/> Cooking | <input type="checkbox"/> Fashion |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Drama | <input type="checkbox"/> Eating Out | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Board Games | <input type="checkbox"/> Computer Games | <input type="checkbox"/> Video Games |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Pet | <input type="checkbox"/> TV | <input type="checkbox"/> Travel |

PLAYING SPORTS

- | | | | |
|---------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Football |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Hockey | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Track/Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Other |

WATCHING SPORTS

- | | | | |
|---------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Football |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Hockey | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Track/Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Other |

CULTURAL EVENTS

- | | | | |
|----------------------------------|-----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Theater | <input type="checkbox"/> Concerts | <input type="checkbox"/> Museums | <input type="checkbox"/> Other |
|----------------------------------|-----------------------------------|----------------------------------|--------------------------------|

OUTDOOR ACTIVITIES

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Biking | <input type="checkbox"/> Hiking | <input type="checkbox"/> Skiing | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Boating/Canoeing | <input type="checkbox"/> Running | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Rollerblading | <input type="checkbox"/> Fishing/Hunting | <input type="checkbox"/> Other |

MUSIC

- | | | | |
|---|--|----------------------------------|--------------------------------|
| <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Playing an Instrument | <input type="checkbox"/> Singing | <input type="checkbox"/> Other |
|---|--|----------------------------------|--------------------------------|

ADDITIONAL COMMENTS / QUESTIONS

Congratulations and Welcome!

Applying to mentor in the Trusted Mentors program is the first step towards helping someone move toward independence and self-sufficiency. Trusted Mentors believes and follows mentoring best practices. One such practice is good screening which includes selecting mentors who can maintain the commitment required and achieve the stated mission and goals of Trusted Mentors. After completion of this application, a personal interview will be conducted. Also, if you intend to drive a mentee or their family member Trusted Mentors will ask for a copy of your driver's license and a certification of insurance.

Signature

Date