



MENTORING APPLICATION

Date: _____

Full Legal Name: _____

Home Address: _____

City: _____ State: _____ Zipcode: _____

Mailing Address (if different than above): _____

Phone: _____
Home: _____ Work: _____ Cell: _____

Best time to contact you: _____

Drivers License Number: _____ Exp Date: _____

Education: _____
_____ High School _____ Some College _____ Trade/Vocational
_____ Bachelors _____ Masters _____ Doctorate

Current Employer: _____

Position: _____ Adress: _____

Special Skills or Training: _____

Do you speak a foreign language? _____

Please list three references (no relatives):

Name: _____ Relationship to you: _____
Email: _____ Phone: _____

Name: _____ Relationship to you: _____
Email: _____ Phone: _____

Name: _____ Relationship to you: _____
Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____



MENTOR SURVEY

This information will help us know more about you and allow us to match you with a Mentee that is compatible with you. Please fill this out as correct and honestly as you can.

Name: _____ Ethnicity: _____
Marital Status: _____ Spouse/Partner Name: _____

Select the times and days that would be convenient for you to meet with your Mentee.

_____ Monday _____ Tuesday _____ Wednesday
_____ Thursday _____ Friday _____ Weekends
_____ Lunchtime _____ Evening _____ other times during
the school day

Please list preferred School District: _____

Please list preferred Campus: _____

Which age group are you interested in working with? Select all that apply:

_____ Elementary: Grades 1-5
_____ Middle/JH: Grades 6-8
_____ High School: Grades 9-12

List any language, besides English, that you can fluently speak: _____

Would you have any concerns about working with:

_____ a very active child _____ child with ADHD
_____ child of a different race _____ overweight child
_____ child with learning disability _____ child with emotional problems
_____ child with behavior problems

Would you describe yourself as:

_____ outgoing _____ athletic/enjoys sports _____ shy
_____ friendly _____ outdoorsy/enjoys nature _____ quiet
_____ musical/theatrical _____ prefers indoor activity _____ other
_____ high energy _____ computer/tech enthusiast _____ laid back

Hobbies/Interests: _____

Additional Comments: _____



Criminal Background Check

Please fill out the form below. A criminal background check is required as a precautionary measure in protection of the Aspire Mentoring Program, the children/families we serve, and the city of Longview.

Please read each statement, check the box, and indicate agreement by your signature below.

Statement of Agreement

- I agree not to consume, use, possess, or be under the influence of any drug or alcohol products while volunteering for the City of Longview.
- I understand that any conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the City of Longview will result in dismissal.
- I understand that my volunteer assignment with the City of Longview may be terminated at any time.
- I understand that depending upon the nature of the volunteer assignment, the City of Longview may deem it necessary to obtain a Driver's License Record and/or a Criminal Conviction History and Wanted Information Reports on individuals volunteering for the City of Longview. I hereby consent to the City of Longview to make any requests for a Driver License Record, a Criminal History Report, and/or a Wanted Information Report on me. I release, relinquish, and remise the City of Longview, its employees, agents, and representatives, from any and all causes of action or liability which I may have or which arise out of, or as a result of, the reports herein authorized. Furthermore, I understand that my failure to execute this informed consent will result in my not being further considered for employment or volunteerism.
- I have NOT been convicted and/or placed on probation for any criminal offense.
If you HAVE been convicted and/or placed on probation, please list date and nature of offense.
List any states you have lived in besides Texas and how long:

Signature:

Date:

Full Name (Please Print):

Return application to:

City of Longview Partners in Prevention
PO Box 1952
Longview, TX 75606

Phone: 903-237-1019
Fax: 903-237-1107

