|  |  |
| --- | --- |
| Tracy Bugh, Mentor Coordinator  1416 Maine Street Quincy IL 62301  Telephone: (217) 228-7158, ext. 2243  Email: [bughtr@qps.org](mailto:bughtr@qps.org) | mentor logo  For Office Use only:  Date of Background check:\_\_\_\_\_  Date of Orientation:\_\_\_\_\_\_\_\_\_\_\_  Badge delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mentor Application** | |

**Name:** Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

(“legal” first) (middle) (last)

**Date of Birth:** Click or tap to enter a date.\_\_\_\_\_\_\_\_\_\_ **Gender:** \_\_\_ Male\_\_\_ Female

(month) (day) (year)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Race:** |  | Caucasian |  | African American |  | Native American |  | Asian |  | Hispanic |  | Other |

**Home address:**Click or tap here to enter text.Click or tap here to enter text.

(street) (city / state / zip)

**Previous City/States lived in:\_\_**Click or tap here to enter text.

**Email: \_\_**Click or tap here to enter text.**\_ Cell phone:\_\_**Click or tap here to enter text.**\_\_**

**Employer: (if applicable) \_**Click or tap here to enter text.**\_\_\_\_\_\_\_Title:\_**Click or tap here to enter text.**\_**

**Work address: \_**Click or tap here to enter text.Click or tap here to enter text. **Work phone number:**

(street) (city / state / zip)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you ever been convicted of a crime?** |  | Yes |  | No |

**If yes, please explain** Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Please list maiden name and/or any other names you’ve ever gone by?** | Click or tap here to enter text. |

**MENTORING INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What time period can you work with a child a week? (minutes)** |  | 30 (minimum) |  | 45 |  | 60 (maximum) |

Do you have any previous experience volunteering or working with youth? Click or tap here to enter text.

What day and time works best for your schedule during the school day?\_Click or tap here to enter text.

Please state any other strengths in academic skills:\_Click or tap here to enter text.

Are you currently on any medication that might hinder your ability to work with children? Click or tap here to enter text.

**Grade Level Preference:** (You may check more than one)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Early Childhood | Elementary: |  | Kdg. |  | 1st |  | 2nd |  | 3rd |  | 4th |  | 5th |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Middle: |  | 6th |  | 7th |  | 8th | High: |  | 9th |  | 10th |  | 11th |  | 12th |

School Preference:\_Click or tap here to enter text. Second Preference:Click or tap here to enter text.

*We will try to meet school preferences, but this is not a guarantee.*

***Please read carefully before signing:***

Our program appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed in the application. You agree to let the mentoring program confirm all the information listed and to conduct a federal and state criminal background check.

I have read and understand the mentoring program rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor.

Signature Applicant\_Click or tap here to enter text. Date: Click or tap to enter a date.