|  |  |
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| Tracy Bugh, Mentor Coordinator1416 Maine Street Quincy IL 62301Telephone: (217) 228-7158, ext. 2243Email: bughtr@qps.org | mentor logoFor 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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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.