

Chippewa County Mentor Application



All information that is given on this application is confidential between you and the mentoring program staff. Thank you.

PERSONAL

1) Name: _____ M: _____ F: _____

2) Home Phone: _____ Cell: _____ Work: _____

3) Address: _____ City: _____ State: _____ Zip: _____

4) Email: _____

5) Date of Birth: _____

Information required by county insurance policy.

6) Driver's License #: _____ State: _____

7) Driver's Insurance Company: _____

8) Insurance Policy #: _____

9) How did you find out about the Chippewa County Mentoring Program?

_____ Word of Mouth

_____ Flyer or Bulletin

_____ Newspaper Article

_____ Church

_____ Radio

_____ Club/Organization

_____ Other: _____

10) We prefer and strongly encourage mentors to make a 1 year commitment to working with their youth a minimum of 4 hours per month. Are you willing and able to make this commitment? Yes _____ No _____

EXPERIENCE

11) Do you belong to any organizations or clubs, including churches, fraternal organizations, etc.? Yes _____ No _____

If yes, please list each organization, your role in the organization, and how often you participate in activities for these organizations.

Organization	Role	How Often Participate

12) Are you currently employed? Yes _____ No _____

If yes, what kind of work do you do? _____

Employer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Schedule: _____

Please list your previous occupations if retired or if currently not working: _____

13) Please describe your experiences with children, including work, volunteer, and raising your own family.

Check all that apply	Experiences	Describe what you have done
	Raised/raising own children	
	Professional experience with children	
	Volunteer experience with children	
	No experience with children	

FAMILY AND FRIENDS

14) Marital Status: Married: ___ Divorced: ___ Separated: ___ Single: ___ Widowed: ___

15) Do you have children? Yes _____ No _____

If yes, how many and what are their ages? _____

16) Who lives in your home with you? _____

HEALTH

17) How would you rate your general health?

_____ Excellent

_____ Good

_____ Fair

_____ Poor

18) Do you have any health problems which might prevent you from working with your youth on a regular basis? Yes _____ No _____

BEING A MENTOR

19) What age range of youth would you prefer to work with? _____

20) Please describe other characteristics you would like your youth to have: _____

21) Why are you interested in being a mentor? _____

22) What strengths/skills will you bring to this program? _____

23) What are your interests? _____

24) What experiences have you had with positive role models in your life? _____

25) During your lifetime so far, have you struggled with any problems that might parallel the difficulties of the youths in this program? Yes _____ No _____

If yes, please discuss: _____

26) What are some concerns you have about youth today? _____

27) What language(s) do you speak? _____

28) Do you have firearms (or other weapons) in your home? _____

If yes, describe type, purpose and safety measures used: _____

29) Describe any medical training that you have received and the date of the trainings? _____

30) Is there anything else we should know about you? _____

31) I have received the Chippewa County Mentoring Program Guide. Yes _____ No _____

(signature)

(date)

REFERENCES

Please give the names of two people who know you and are willing to serve as references for you. These references will be contacted and asked to complete a reference form and send it back to Chippewa County Mentoring Program.

Reference 1:

Name: _____ Day Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Reference 2:

Name: _____ Day Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Reference 3:

Name: _____ Day Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

PREFERENCES

Being a mentor, there are some things you may encounter that you are not prepared for. Here is a list of issues that you MAY encounter. Score the following with the number which best fits your comfort level in coping with the potential concerns or issues.

- 1- Would accept
- 2- Would consider
- 3- Would NOT be comfortable working with this issue

A CHILD WHO IS OR HAS AN ISSUE WITH.....

- | | |
|--|---|
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Lacks confidence |
| <input type="checkbox"/> Quiet or shy | <input type="checkbox"/> Steals/shoplifts |
| <input type="checkbox"/> Sexually active | <input type="checkbox"/> Dresses differently/cloths fads |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Physically challenged |
| <input type="checkbox"/> Abortion | <input type="checkbox"/> Mentally challenged |
| <input type="checkbox"/> Doesn't show emotion | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Lacks motivation | <input type="checkbox"/> Poor hygiene |
| <input type="checkbox"/> Experienced abuse | <input type="checkbox"/> Messy home |
| <input type="checkbox"/> Smokes cigarettes | <input type="checkbox"/> Lack of parental supervision |
| <input type="checkbox"/> Belligerent/doesn't respect authority | <input type="checkbox"/> Chaotic family life |
| <input type="checkbox"/> Dishonest/exaggerates the truth | <input type="checkbox"/> Extreme poverty |
| <input type="checkbox"/> Lacks good manners | <input type="checkbox"/> Court involvement |
| <input type="checkbox"/> Struggles with school | <input type="checkbox"/> Parent who is overwhelmed |
| <input type="checkbox"/> Problems with peers | <input type="checkbox"/> Involvement of absent parent |
| <input type="checkbox"/> Problems with parents | <input type="checkbox"/> Parent unable to speak English |
| <input type="checkbox"/> Swearing/profanity | <input type="checkbox"/> Parent with mental health issues |
| <input type="checkbox"/> Manipulation | <input type="checkbox"/> Differing religious beliefs |
| <input type="checkbox"/> Talks a lot | <input type="checkbox"/> Race that differs from your own |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Alternative sexual preferences |

CHIPPEWA COUNTY MENTORING APPLICATION

Mission Statement: It is the mission of the Chippewa County Mentoring Program to provide opportunities to youth, ages 5-17, to learn, grow and have positive experiences within their community. The Mentoring Program assists these youths by providing them with a one-on-one relationship with a caring volunteer that will help them reduce negative behavior and discourage poor decision making while simultaneously achieving their highest potential.

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*Thank You* for your interest in becoming a mentor! You have an opportunity to make a difference in a youth's life, your life and within the community. The Chippewa County Mentoring Program is based on core values such as *Respect, Humility, Compassion, and Honesty*. These values are important in building a caring relationship. We look forward to getting to know you!

Thank you,  
Chippewa County Mentoring Program

