



Partners

1169 Colorado Ave. Grand Junction, CO 81501; (970) 245-5555

ADULT MENTOR APPLICATION

(Please type or print)

Date: _____

Name _____ Phone _____ (H) _____ (W)

E-Mail Address _____

Address: _____
Street City State Zip

Social Security Number _____ Age _____ Date of Birth _____

Sex _____ Marital Status _____

Spouse's Name _____ Age _____

Children Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Briefly describe your relationship with your children _____

How did you hear about Partners? _____

Have you ever applied to be (or have been) an Adult Mentor before? _____ If yes, please explain _____

Past experiences with children/youth _____

List any volunteer and/or community experiences you have been or are involved with: _____

EMPLOYMENT HISTORY:

Present Employer _____ Address _____
Phone Number _____ Length of Employment _____
Occupation _____ Supervisor _____

List all other positions recently held:

Employer _____ Position _____ Length of Employment _____
Employer _____ Position _____ Length of Employment _____
Employer _____ Position _____ Length of Employment _____
Military Experience: _____ Date of _____ Type of Discharge _____

EDUCATIONAL HISTORY:

High School	Years Attended	Graduate?	Year
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College/University or Technical Training	Years attended	Degree
--	----------------	--------

College/University or Technical Training	Years attended	Degree
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College/University or Technical Training	Years attended	Degree
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What is the highest degree attained? _____

Health: Poor _____ Fair _____ Good _____ Excellent _____

A. Any physical limitations or special concerns? _____

B. Are you taking medication on regular basis? _____

C. Any known allergies? _____

Have you ever sought counseling or treatment for any reason? ___ Date(s) _____

Please explain: _____

Do you have a valid drivers license? Yes ___ No ___ State _____ Number _____

Do you have your own transportation? Yes ___ No ___ Car License Plate Number _____

If not, do you have access to transportation? Yes ___ No ___ Describe _____

Do you have current vehicle insurance as required by this state's law? Yes _____ No _____

Company _____ Policy Number _____

Please describe your driving record offenses:

Have you ever been arrested or convicted of DUI? Yes ___ No ___ If yes, when? _____

Have you ever lost your driver's license? Yes ___ No ___ If yes, please explain: _____

Have you ever been involved in an accident harmful to others? Yes ___ No ___ If yes, please

explain: _____

I will promptly report to Partners any changes in my insurance coverage or drivers license status:

Signature

Date

Have you ever been a victim of a crime? Yes ___ No ___ If yes, please explain: _____

Have you ever been involved, investigated, arrested and/or convicted of any assault? Yes ___

No ___ If so, please explain: _____

Have you ever been involved, investigated, arrested, and/or convicted of a felony or any other

offense? Yes ___ No ___ When? _____ Please explain: _____

Have you ever been involved, investigated, arrested and/or convicted of child abuse, neglect or

sexual molestation of a minor? Yes ___ No ___ When? _____ If so, please explain:

List four **REFERENCES** (one present or past employer, two friends you have known for at least two years or more, and one relative). If you have recently been or currently are in counseling or therapy/treatment, please substitute the name of your therapist for one of your friend's references.

Please give mailing addresses with zip codes.

1) Name _____ Relationship _____

Address _____ zip _____ Phone: _____

2) Name _____ Relationship _____

Address _____ zip _____ Phone: _____

3) Name _____ Relationship _____

Address _____ zip _____ Phone: _____ 4)

Name _____ Relationship _____

Address _____ zip _____ Phone: _____

Please list your interests, hobbies, and activities in which you are presently involved.

I understand that Partners will contact the above listed references, and any other persons deemed necessary to verify my qualifications to be an Adult Mentor. I agree to a Police and FBI check. I will provide Partners with: Central Registry Status, copy of my drivers license, copy of my Division of Motor Vehicle Record, and proof of car insurance. I understand that misrepresentation of personal information or history could result in termination or non-acceptance in the Partners program. I authorize Partners to disclose any information about me received by Partners during my application process or thereafter to any third persons whom Partners believes has a need to know the information, including but not limited to Partners staff, and potential Junior Partners and his or her parent or guardian. I also understand that Partners cannot guarantee the confidentiality of such information, given the number of participants involved, and the openness and configuration of the Partners' office. Accordingly, I waive and release Partners from any liability stemming from the intentional or unintentional disclosure of such information, to any third persons whomsoever.

Signature: _____ Date: _____

WE RESERVE THE RIGHT TO REFUSE ADMISSION INTO THE PROGRAM

Partner's pays a \$47.00 background check/screening fee for each volunteer. If you would like to make a donation to help Partner's with this fee, please make a donation at the time of your interview.

SETTING YOURSELF UP FOR SUCCESS

I expect these two things of myself in the Partnership:

- 1. _____
- 2. _____

I will expect these two things from my Junior Partner:

- 1. _____
- 2. _____

These are two ground rules I will hold to and expect in our Partnership:

- 1. _____
- 2. _____

What can you offer a troubled child?

What are your strengths?

What are you're weaknesses?

What attitudes and beliefs are of special importance to you? _____
