



**M.A.V. YOUTH MENTORING**  
Making a difference. together.

## Mentor Application

Please fill out completely!

If you have any questions contact us at 419-584-2447 or [info@mavyouthmentoring.com](mailto:info@mavyouthmentoring.com).

Name: \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_  
(mailing address) (city) (state) (zip)

County: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex:  Male  Female

Marital Status:  Single  Married  Divorced  Other \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Names & Ages of Children: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(mailing address) (city) (state) (zip)

Work Phone #: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Can you be contacted at work:  yes  no Hours: From \_\_\_\_\_ To \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Do you own firearm(s) and/or weapon(s)?  yes  no

Educational Background: \_\_\_\_\_

Do you have any physical or mental condition, which may limit your ability to serve as a Mentor?   
yes  no

If yes, please describe: \_\_\_\_\_

What if any, other youth organizations have you worked for or been involved with as a volunteer?

\_\_\_\_\_



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Do you sincerely feel that you can meet the minimum standards of at least three (3) personal contacts per month with a child?  yes  no

Have you ever applied to become a Mentor before?  yes  no

If yes, when & where: \_\_\_\_\_

Do you know anyone who is currently a mentor?  yes  no

If yes, who: \_\_\_\_\_

### REFERENCES

Please list the names and addresses of individuals requested below. These individuals should be a person who can vouch for your reputation, character and morals. The references must have known you for at least one year. Please type or print. Please complete fully, we will be contacting your references by mail, telephone, or e-mail. If there is no spouse or spousal equivalent, please list a family member.

Name: \_\_\_\_\_ Relationship:  spouse  parent  other \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Year know \_\_\_\_\_

Address: \_\_\_\_\_  
(mailing address) (city) (state) (zip)

Name: \_\_\_\_\_ Relationship:  friend  co-worker  other \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Year know \_\_\_\_\_

Address: \_\_\_\_\_  
(mailing address) (city) (state) (zip)

Name : \_\_\_\_\_ Relationship:  friend  parent  other \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Year know \_\_\_\_\_

Address: \_\_\_\_\_  
(mailing address) (city) (state) (zip)

Name : \_\_\_\_\_ Relationship:  employer  teacher  other \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Year know \_\_\_\_\_

Address: \_\_\_\_\_  
(mailing address) (city) (state) (zip)

References need to include: 1 spouse/parent/spouse equivalent ,2 personal references and 1 employer /teacher

\*\* If retired or not employed please include a third personal reference

\*\*If you an unemployed student, please include a professor/teacher as a fourth reference.\*

Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating.

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_





## Mentor Personal Auto Verification

All mentors must carry auto insurance in the amount required by the state. This is so we can provide auto liability protection while in the course of M.A.V. Youth Mentoring.

*Please provide a copy of your driver's license and automobile insurance card.*

Do you have current auto insurance:  yes  no

Insurance Agency: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

By signing below, I agree to notify the M.A.V. Youth Mentoring of any changes in my auto insurance coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Terms and Conditions

A personal interview is designed to establish a profile of you and your interests. This profile is used by the agency to best match you with a youth. Except for parents and/or guardians of the youth being considered for you, all elements of your profile will be kept in the strictest of confidence.

The undersigned acknowledges and agrees that he/she is not obligated, if called upon, to perform the mentoring service herein applied for and that the agency is not obligated to assign him/her a Youth and as part of the agency's matching process, additional personal information will be elicited from the applicant by professional agency staff.

The undersign agrees the information he/she provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth. He/she agrees other mentoring agencies or youth organizations where he/she has worked or volunteered may be contacted as references. He/she agrees the reference listed may be contacted by mail, telephone, or e-mail.

M.A.V. Youth Mentoring reserves the right to reject a candidate for any reason which the agency determines will or may affect the best interests of a Youth. Further M.A.V. Youth Mentoring reserves the right to withhold the reason(s) for such refusal.

The undersign agrees and gives permission of any staff member or member of the screening committee of M.A.V Youth Mentoring to review all information contained in his/her file to determine acceptance or rejection of himself/herself as a Mentor.

***The undersigned expressly agrees to the above and stated conditions.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please include a \$25.00 processing fee and photograph of yourself when returning application. Make checks payable to M.A.V. Youth Mentoring. Processing fee is non-refundable.***

***Please return to: MAVYM, 1005 N. Main St., Celina, OH 45822.***

