

**Jewish Family Service
Mentor Connection
Mentor Job Description**

TITLE:	Community Mentor
SUPERVISOR:	Alison Schackmann Program Coordinator 248.592.2317
TIME COMMITMENT:	2-4 hours, one day per week, or every other week, for at least one year.
DUTIES:	Offer a child valuable companionship and support by providing the young person with one-on-one attention and guidance on a weekly, or bi-weekly basis. Activities will be in a social environment, either in a home, a restaurant, or other facilities. Attend additional mentor/mentee activities throughout the year and at least two in service trainings.
QUALIFICATIONS:	Over age 18 Commitment of at least one year Enjoy spending quality time with a child Transportation Pass Criminal Check Attend trainings
TRAINING:	Two-hour training session addressing the boundaries and expectations of the mentor program. One-on-one interview with program staff. Quarterly educational/support meetings.



Mentor Application

Personal Information

Name: _____ Date: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Email: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Driver's License #: _____
Social Security #: _____ Date of Birth: ___/___/___ Gender M F

Please indicate religious affiliation:

- Christian Buddhist
 Jewish Atheist
 Hindu Agnostic
 Islamic Other: _____

Please list all members of your household:

Table with 4 columns: Name, Sex, Age, Relationship to Applicant. Contains 5 rows of blank lines for household members.

Emergency Contact

Name: _____ Phone (H or C): _____
Phone (W): _____ Relationship to Applicant: _____

Education

Are you currently enrolled in school? yes no

If yes, are you enrolled part-time or full-time?

What school are you currently attending?

What degree are you working towards?

Please describe your education history:

- High School
 Bachelors Degree
 Masters Degree
 Doctorate Degree
- Other
- Discipline: _____

Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper. If you have been retired for more than five years, please list last position held.

- Employed Full-Time
 Employed Part-Time
 Currently Unemployed
 Retired

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Mentor Referrals

Please indicate three individuals (preferably men) who you feel would make a good mentor and would be interested in hearing more about Mentor Connection.

Name: _____ Home phone: _____ Cell: _____

Address: _____
(street) (city) (zip)

E-mail: _____

Name: _____ Home phone: _____ Cell: _____

Address: _____
(street) (city) (zip)

E-mail: _____

Name: _____ Home phone: _____ Cell: _____

Address: _____
(street) (city) (zip)

E-mail: _____

Memberships/Associations

Please indicate any type of membership or association you hold (including but not limited to place of worship, fraternity/sorority, professional group, recreational group, etc.):

1. _____
2. _____
3. _____
4. _____
5. _____

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. How did you learn about Mentor Connection?
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2. What qualities, skills, or other attributes do you feel you have that would benefit a child? Please explain.
3. Can you commit to participate in the Mentor Connection program for a minimum of one year from the time you are matched with a mentee?

4. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

5. Are you willing to attend an initial mentor training session and at least two in-service training sessions per year after being matched?

Please read carefully before signing

Mentor Connection appreciates your interest in becoming a mentor.

Please initial each of the following:

- I agree to follow all mentoring program guidelines and understand that any violation may result in suspension and/or termination of the mentoring relationship.
- I understand that Mentor Connection is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.
- (optional) I agree to allow Mentor Connection to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application I understand that any incomplete information will result in the delay of my application being processed:

- Signed Information Release Form
- Personal References Form
- Interest Survey Form

By signing below, I attest to the truthfulness and completeness of all information listed on this application and agree to all of the above terms and conditions.

Signature

Date

**Jewish Family Service
Mentor Connection
Mentor Personal References**

Please list the names, addresses, and phone numbers of three people you would like to use as character references. Please include only individuals you have known for at least one year and no more than one relative. Any information Mentor Connection gathers from these references will be held as confidential and not released to you, the applicant.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Relationship: _____ How long known: _____

**Jewish Family Service
Mentor Connection
Mentor Information Release**

I, _____, understand it will be necessary for Mentor Connection program staff to conduct a background check regarding my driving record, criminal/child abuse history, personal references, and employment.

I authorize Mentor Connection Program Staff to obtain any needed information regarding my driving record, criminal/child abuse history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for Jewish Family Service- Mentor Connection to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously shared with a prospective mentee, his/her parent(s)/guardian(s), and/or school personnel in order to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information about me may be shared with the mentee, parent/guardian, and/or school personnel to ensure and aid in facilitating a safe and successful match relationship.

Mentor's Signature

Date

Mentor's Name (Please Print)

Date

Please list any other cities, states, and dates of residency during the past 10 years.

City

State

From (m/year)

To (m/year)

City

State

From (m/year)

To (m/year)

City

State

From (m/year)

To (m/year)

Mentor Interest Survey

Name: _____ Date: _____

Please complete all of the following. This survey will help Mentor Connection program staff know more about you and your interests that will help us to find a good match for you.

1. What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekday nights Weekends After school

2. Please indicate age group(s) you are interested in working with:

Age: 7-9 9-12 12-14 14-17 Does not matter

3. Do you have a religious or ethnic preference? Yes No

If yes, please describe: _____

4. Do you speak any languages other than English? Yes No

If yes, please describe: _____

5. Would you be willing to be matched with a child who has physical disabilities?

Yes No Maybe

6. Please describe specific disabilities you would be willing to work with or would not want to work with:

7. What are some favorite things you like to do with other people?

8. What are your favorite subjects to read about?

9. If you could learn something new, what would it be?

10. Please check all activities you are interested in:

Biking Camping Science Cooking Reading
 Hiking Boating Music Sports Yoga
 Golf Exercise Swimming Gardening Movies
 Fishing Animals Eating Shopping Board Games

11. Please list any other areas of strong interest:
