

Whitefish CARE Mentoring Program

Mentor Application

NAME: _____ DATE: ___/___/___

ADDRESS: _____

PHONE: (H) _____ (C) _____ SEX: ___ AGE: _____

EMPLOYED: Y ___ N ___ WHERE? _____

RETIRED? Profession: _____

What makes you interested in being a mentor? _____

List other volunteer/community involvement: _____

In what capacity have you worked with school age children? _____

Tell us about yourself (i.e. Background, where you grew up, family life, special circumstances.)

What are your talents, hobbies, special interests, stress reducers, etc?

How has a mentor impacted you in your life? _____

What days/times are best for you? _____

Grade preference?(K-6th) _____ Male ___ Female ___ No Preference ___

Are you interested in:

Mentoring Once Per Week _____ Being a Substitute/Alternate _____

Are you willing to commit to this program for one semester? YES _____ NO _____

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References:

List TWO professional, non-family, references who have known you for more than one year. Please provide complete addresses and phone numbers. Employers, teachers, coaches, ministers, etc. may be used.

Name: _____ Relationship: _____

Address: _____

Phone: Home: () _____ - _____ Work: () _____ - _____

Name: _____ Relationship: _____

Address: _____

Phone: Home: () _____ - _____ Work: () _____ - _____

Mentor Release of Information

A screening process that includes a criminal records check, reference checks and an interview are required to participate in the CARE Mentoring Program. Training requirements must also be completed. I hereby grant permission to Whitefish CARE and the Whitefish School District to conduct this screening process. I authorize all law enforcement agencies and references to provide necessary and relevant information about me to Whitefish CARE and I release them from any and all liability as a result of sharing that information.

I understand that in order to be matched as a mentor in the CARE Mentoring Program, I must successfully complete each phase of the screening and training process. I understand that misrepresentation or omission of facts requested is cause for non-placement. I also understand that although I successfully complete the screening and training process that I might not be placed. I release Whitefish CARE and Whitefish School District from any and all liability associated with this process or their decision to select me as a participant in this program.

If placed, I agree to fulfill the mentor responsibilities to the best of my ability.

Signature _____ Date _____

Please Return to:

Whitefish CARE
600 E. Second Street
Whitefish, MT 59937
Phone: 862-8600 x447
Fax: 862-2586

Office Use	
Complete Application	_____
Interview	_____
Entered into Database	_____
Criminal Record. Check Sent	___/___/___
Received	___/___/___
Reference Check Completed	_____
Photo ID Copied	_____
Fingerprints	_____