

OFFICE USE ONLY:
SAFETYNET IDENTIFICATION No.:

MENTORPRO IDENTIFICATION No.:



OFFICE USE ONLY:
MENTOR 101 TRAINING: _____
MENTOR 102 TRAINING: _____
ONE TO ONE: _____
BACKGROUND CHECK RESULTS: _____
PLACEMENT DATE: _____

600 LAFAYETTE AVENUE 6TH FLOOR: BROOKLYN, NEW YORK 11216 **PHONE:** 718-483-9290 **FAX:** 718-483-9287 **WEBSITE:** WWW.CPNYC.ORG

MENTOR APPLICATION AND CONTRACT

NAME: _____ TODAY'S DATE: _____ BIRTH DATE: _____

HOME ADDRESS: _____
STREET ADDRESS CITY STATE POSTAL CODE

HOME PHONE No. _____ CELL PHONE No. _____

E-MAIL ADDRESS: _____ SOCIAL SSECURITY NUMBER: _____

GENDER: MALE FEMALE MARITAL STATUS: MARRIED SINGLE SEPARATED DIVORCED

AFFILIATION/EMPLOYER: _____ TITLE/POSITION HELD: _____

WORK ADDRESS: _____
STREET ADDRESS CITY STATE POSTAL CODE

WORK PHONE No. _____ E-MAIL ADDRESS: _____

SUPERVISOR'S NAME: _____ YEARS AT CURRENT EMPLOYER: _____

DOES YOUR EMPLOYER PROMOTE VOLUNTEER ACTIVITIES? _____

IF YES PLEASE EXPLAIN (OPTIONAL): _____

WHAT IS YOUR AVAILABILITY? MONDAY () HOURS____ TUESDAY () HOURS____ WEDNESDAY () HOURS____
 THURSDAY () HOURS____ FRIDAY () HOURS____ SATURDAY () HOURS____

PLEASE INDICATE BELOW IF YOU ARE WILLING TO APPROACH YOUR COMPANY ABOUT ANY OF THE FOLLOWING OPPORTUNITIES:
 ____ MENTORING OPPORTUNITIES ____ OTHER IN-KIND GOODS/SERVICES ____ CORPORATE SPONSORSHIP

PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS AT CURRENT POSITION): _____

ADDRESS: _____ YEARS AT THIS EMPLOYER: _____

ETHNIC BACKGROUND: PLEASE CHECK ALL THAT APPLY

____ AFRICAN-AMERICAN ____ CAUCASIAN
 ____ HISPANIC OR LATINO ____ EAST ASIAN
 ____ NATIVE AMERICAN ____ SOUTH ASIAN
 ____ OTHER

I. EDUCATION AND TRAINING

HIGH SCHOOL ATTENDED: _____	YEAR OF GRADUATION: _____
COLLEGE ATTENDED: _____	DEGREE: _____
OTHER EDUCATION AND/OR SPECIAL TRAINING: _____	

II. DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH? _____ IF SO, PLEASE INDICATE BELOW:

LANGUAGE	READ	WRITE	FLUENT

III. PLEASE LIST PRIOR VOLUNTEER EXPERIENCE

ORGANIZATION	DATE STARTED/COMPLETED	ACTIVITY

IV. IDENTIFICATION VERIFICATION DOCUMENT

DOCUMENT TITLE	
ISSUING AUTHORITY	
DOCUMENT NUMBER	
EXPIRATION DATE	

V. APPLICATION QUESTIONS

Please respond to the following questions. Your responses will help Children of Promise gain a better understanding of who you are and ultimately assist in finding an appropriate match for you.

1. DO YOU HAVE ANY PREVIOUS EXPERIENCE VOLUNTEERING OR WORKING WITH YOUTH? IF SO, PLEASE SPECIFY.

2. WHAT QUALITIES, SKILLS, OR OTHER ATTRIBUTES DO YOU FEEL YOU HAVE THAT WOULD BENEFIT A YOUTH? PLEASE EXPLAIN.

3. WHAT DO YOU THINK WILL BE MOST CHALLENGING ABOUT BEING A MENTOR?

4. WHAT DO YOU HOPE TO GAIN FROM BECOMING A MENTOR?

5. DO YOU HAVE AN AGE PREFERENCE FOR YOUR MENTEE? YES NO
IF SO, PLEASE SPECIFY WHY YOU PREFER THIS AGE.

6. DO YOU HAVE ANY DISABILITIES THAT MAY AFFECT YOUR INVOLVEMENT IN THE PROGRAM? YES NO
IF SO, PLEASE SPECIFY:

7. HOW DID YOU HEAR ABOUT CHILDREN OF PROMISE NYC?

8. ARE YOU INVOLVED IN ANY OTHER COMMUNITY ACTIVITIES (CLUBS, ORGANIZATIONS, ETC.)?

VI. REFERENCES

Please list three (3) references who you have known for at least one (1) year. **One of these references must be your current supervisor, if applicable. Relatives or family members cannot be used as references.** Please give complete addresses and phone numbers. References will be contacted by phone or mail. The information furnished to us by your references will remain strictly confidential.

1) NAME: _____	RELATIONSHIP: _____
PHONE NUMBER: _____	ADDRESS: _____
2) NAME: _____	RELATIONSHIP: _____
PHONE NUMBER: _____	ADDRESS: _____
3) NAME: _____	RELATIONSHIP: _____
PHONE NUMBER: _____	ADDRESS: _____

VII. BACKGROUND SCREENING

Children of Promise NYC's Mentors work with children. Therefore, we are required to screen our mentors. Please respond to the following questions, read this Agreement and Consent and sign below.

NAME: _____ DATE OF BIRTH: _____ GENDER: ____ DRIVER'S LICENSE # _____

HAVE YOU EVER BEEN CHARGED/INDICTED FOR ANY CRIME? ____ IF YES, PLEASE SUPPLY DETAILS (DATE, CHARGE, DISPOSITION).

IF YOU HAVE CHANGED YOUR NAME, PLEASE PROVIDE US WITH YOUR PREVIOUS NAME:

CURRENT ADDRESS:

STREET ADDRESS CITY STATE POSTAL CODE

PLEASE PROVIDE US WITH YOUR PREVIOUS RESIDENTIAL ADDRESS IF LESS THAN ONE (1) YEAR AT YOUR CURRENT RESIDENCE:

STREET ADDRESS CITY STATE POSTAL CODE



MENTOR CONTRACT

DIRECTION: By reading and initialing each item and signing below, I acknowledge that I agree to the following:

I agree to participate in all required trainings, including periodic training meetings at my site.

I agree to abide by all Children of Promise NYC(CPNYC) rules and procedures, as stated in the Mentor Handbook or provided by CPNYC staff and/or Program Director.

I will complete my commitment to work with the program at least four hours per month for a full year, unless otherwise agreed with CPNYC.

I consent to the use of my oral/written statements and the use of my photograph(s) by CPNYC for any non-commercial purpose associated with the program including, but not limited to, newsletters, news media coverage of CPNYC and its programs and fund-raising.*

I will abide by federal law requiring that children's records remain confidential and any information obtained about a child, from his/her address to work habits, may not be disclosed to others except the child's teacher, principal, guidance counselor, parents and/or legal guardian. I agree to honor these confidentiality requirements.

To respect the privacy of children and families participating in our program, I will submit for pre-publication review by the Program Director of CPNYC, any document originating from participation in this program.

I consent to CPNYC verifying all information contained herein, and to a fingerprint check.

I will NOT take my mentee off-site in an unsupervised setting until my background checks are returned and I have obtained parental consent. When I am off-site with my mentee during scheduled mentoring sessions, my Program Director must know where I am and be able to contact me.

I will contact my Program Director if I will be absent from a mentoring session and **I understand that excessive absence will result in removal from the program.**

I will contact my CPNYC Program Director if I have any problems or concerns about my mentoring relationship.

I have read this application and agree to abide by the commitments made in it. The information I have provided in this application is true to the best of my knowledge.

Signature: _____

Date: _____