

MOUNT ZION MENTORING PROGRAM
Mentor Application

SECTION ONE: GENERAL INFORMATION

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Birthday (Month & Date): _____

Age Group (Check applicable): 0-11 12-17 18-30 31-40 41-50 Over 50

Home Phone: _____ **Cell Phone:** _____

E-Mail: _____

Mandatory Contact: In Person, at least once a month for an hour

Previous addresses:

Address: _____

Dates: _____

Address: _____

Dates: _____

Address: _____

Dates: _____

SECTION TWO: EMPLOYMENT INFORMATION

List all employments in this section.

Current Occupation/CareerField: _____

Title: _____

Employer: _____

Length of employment: From _____ **to** _____

Title: _____

Employer: _____

Length of employment: From _____ to _____

Title: _____

Employer: _____

Length of employment: From _____ to _____

Title: _____

Employer: _____

Length of employment: From _____ to _____

Title: _____

Employer: _____

Length of employment: From _____ to _____

Total Years of work experience _____

How many years of Canadian work experience do you have? _____

SECTION THREE: ACADEMIC PROFILE

List all post secondary credentials completed.

Institution and degree/certification obtained _____

Institution and degree/certification obtained _____

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Institution and degree/certification obtained _____

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Institution and degree/certification obtained _____

SECTION THREE: Background Screening (this information will be kept confidential and secure)

Will you agree to have the Mount Zion Youth Mentoring program check your background through federal and provincial agencies for criminal records?

(Please circle) YES NO

Do you have a valid Driver's License? Yes No

Issuing Province: _____ Date Issued: _____ Expire Date: _____ Number: _____

Have you ever been convicted of a crime? _____ If "Yes", please explain: _____

SECTION FOUR: MENTORING INFORMATION

Why do you want to be a mentor?

Do you have any previous experience volunteering, mentoring, or working with youths or a mentor? If Yes, please provide details.

What are your hobbies or special interests?

List your areas of competencies and transferable skills would be beneficial to the program and mentees?

How much time can you commit to spending with a mentee?

Hours_____Minutes_____Weekly_____Biweekly_____Monthly_____

Will you be available to meet in person with your mentee?_____

If you answered No to the above question, what other mode of communication would you prefer? Circle your choice.

WhatsApp, Facebook, Facetime, Skype, Chat, Email, Phone

What time and day would you be free to mentor?(E.g.4pm;Saturdays)_____

How many mentees would you be comfortable mentoring? _____

Do you have a gender preference? If yes please indicate _____

REFERENCES

Please list the names, addresses, and phone numbers of two personal character references, plus one employer reference. Please list only nonrelatives you have known for at least a year.

Reference 1: Name: _____ Years Known: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Relationship: _____

Reference 2: Name: _____ Years Known: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Relationship: _____

Reference 3: Name: _____ Years Known: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Relationship: _____

Please read this carefully before signing:

By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and provincial criminal records check.

If selected I will follow the rules of the program and be a dedicated mentor. I will participate to the best of my ability. I will honor and respect confidential information regarding my mentee. I would also use good judgment and discretion in the discharge of my duties as a mentor.

Signature: _____ Date: _____

