



***GREG GRANT 3 POINT PLAY
MENTORING PROGRAM***

MENTOR APPLICATION AND CONTRACT

Name: _____ Today's Date: _____ Birth Date: _____

Home Address: _____
Street Address City State Zip Code

Home Phone No. _____ Cell Phone No. _____

Personal E-mail Address: _____

School/Employer: _____ Title/Teaching Certification: _____

Work Address: _____
Street Address City State Zip Code

Work Phone No. _____ Work E-mail Address: _____

Name of School Principal: _____ Years at current employer: _____

Previous Employer (if less than 3 years at current position): _____

Address: _____ Years at this employer: _____

Race/Ethnicity

- _____ American Indian/Alaskan Native
- _____ Asian
- _____ Black/African American
- _____ Other/Multiracial

- _____ Hispanic or Latino
- _____ Native Hawaiian/Pacific Islander
- _____ White/Caucasian

Education and Training

High School Attended: _____ Year of Graduation: _____

College Attended: _____ Degree: _____

Other Education and/or Special Training: _____

Do you speak any languages other than English? _____ If so, please indicate below:

Language	Read	Write	Fluent

Please List prior Volunteer Experience

Organization	Date Started/Completed	Activity

Application Questions

Your responses to the following questions will help us determine whether you are a good fit for Greg Grant 3 Point Play Mentoring Program and match you with a mentee.

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:

Personal Interests

What do you like to do in your free time? Please select all that applies and specify further details in the space provided.

- Sports and Physical Activities: _____
Examples: Baseball, basketball, football, track, soccer, cheerleading, softball, tennis, etc.
- Computers/Media: _____
Examples: Computer games, computer programs, web-surfing, etc.
- Social Activities: _____
Examples: shopping, going to the movies or other social areas, attending sporting events, traveling, etc.
- Arts, Crafts and Culture: _____
Examples: music (singing, rapping, producing, playing, writing, etc.), writing/performing poetry/spoken word, reading, scrap-booking, cooking, baking, etc.

Which extracurricular activities were you involved in as a youth? (circle all that apply)

Band Cheerleading Choir Community Service

Drama Club School Newspaper Step Team/Dance

Tutoring School Media Productions (TV/Radio)

School Civic/Social Clubs: _____ School Academic Clubs: _____

Other: _____

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 may be contacted by phone or mail. The information furnished to us by your references will remain strictly confidential.

1. Name: _____ Relationship: _____

Phone Number: _____ Number of Years Known: _____

2. Name: _____ Relationship: _____

Phone Number: _____ Number of Years Known: _____

3. Name: _____ Relationship: _____

Phone Number: _____ Number of Years Known: _____

Background Screening

The Greg Grant 3 Point Play Mentoring Program works with children. Therefore, we are required to screen our mentors and volunteers. Please respond to the following questions, read this Agreement and Consent and sign below.

Name: _____ Date of Birth: _____ Gender: _____

Do you have a valid drivers license? Yes _____ No _____

Is your car properly/legally registered and Insured? Yes _____ No _____

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:

MENTOR CONTRACT

By initially each item and signing below, 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 Greg Grant 3 Point Play Mentoring Program rules and procedures, as stated in the Mentor Handbook or provided by Mentoring staff and/or Site Coordinator.

____ I will complete my commitment to work with the program at least seven hours per week (which may include some weekends), unless otherwise stated.

____ I consent to the use of my oral/written statements and the use of my photograph(s) by the Greg Grant 3 Point Play Mentoring Program for any non-commercial purpose associated with the program including, but not limited to, newsletters, news media coverage of Mentoring Program.

____ 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 Mentoring Program Coordinator, any document originating from participation in this program.

____ I consent to Greg Grant 3 Point Play Mentoring Program verifying all information contained herein, and to a fingerprint check – if necessary.

____ I will NOT take my mentee off-site in an unsupervised setting unless I have obtained parental consent, and consent from the Mentoring Coordinator. When I am off-site with my mentee during scheduled mentoring sessions, the Mentoring Coordinator must know where I am and be able to contact me.

____ I will contact the Mentoring Coordinator 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 the Mentoring Program Coordinator 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: _____

* You have the option of not consenting to this particular clause by drawing a line through it and initialing on the side.