

MentorLink Application



Thank you for applying to be a mentor and making a difference in the life of a young person! Please complete this application so we can learn more about you and refer you to the appropriate affiliate agency that matches mentors with mentees. MentorLink promises to be with you all along the way to ensure a meaningful experience for you and your new friend.

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell or Work Phone: _____

E-mail _____ Date of Birth: _____

Gender: Male _____ Female _____ Are you familiar with the 40 Developmental Assets? _____

Work and School History:

<u>Company</u>	<u>Position Held</u>	<u>Duties</u>	<u>Dates</u>
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1.

2.

<u>College</u>	<u>Areas of Study</u>	<u>Dates</u>
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High School

Your Interests

How do you spend your free time?

What special skills, qualities, or interests would you like to share with a youth?

Tell Us More About You

1. Why do you want to be a mentor?
2. Tell us about your experiences working with or befriending youth.
3. How would you describe yourself as a person?
4. How would your friends, family, or co-workers describe you?

Tell Us About Who You'd Like to Mentor

Age: ___ Elementary ___ Junior High ___ Senior High ___ Any age **Time you can give:** _____

I would like to mentor someone who is: ___ Limited English Speaker ___ African American ___ Asian American
 ___ Hispanic ___ Child with Disabilities ___ Child with a Parent in Prison ___ Native American
 ___ Two or More Siblings Together ___ No Preference
 ___ In a (School) (Church) Setting ___ In a Home Setting ___ Free to go into the Community ___ No Preference

Shared Interests: (Circle as many as apply)

Drawing	Acting	Writing	Biking	Reading	Photography
Travel	Debate	Theater	Hiking	Video Games	Engineering
Modeling	Computers	Sculpture	Hairstyling	Concerts	Fashion Design
Talking	Gardening	Pets/Animals	Cooking	Numbers/Math	Dance
Healthcare	Childcare/Children	Crafts	Videography	Politics	Tennis
Boating	Military	Landscaping	Home Repair	Business	Languages
Running	Biking	Baseball	Basketball	Volleyball	Swimming
Painting	Soccer	Football	Gymnastics	Cheerleading	Writing Music
Hunting/Fishing	Carpentry/Wood-working	Chess/Board Games	Community Organizing	Track/Cross Country	Playing Musical instruments

I understand that:

- _____ Metro Youth Partnership (MYP) will assess my skills and interests and refer me to an appropriate affiliate mentoring agency in the area.
- _____ I will need to complete MYP *Intro to Mentoring* training and any affiliate agency training before being assigned to a mentee.
- _____ I will be expected to meet all affiliate agency program requirements.
- _____ I will be asked to reveal any child or substance abuse or use to the affiliated agency for the protection of all involved.
- _____ I may be asked to complete various background checks by the affiliated agency.
- _____ MYP wants me to have a great mentoring experience and will be in periodic contact with me to learn how things are going. I may contact MYP or the affiliated agency at any time with questions and concerns.

Signature: _____ Date: _____