



ALANY

American Latin Association of New York, Inc.

BRONX ONE ON ONE MENTORING PROGRAM C5 Thrive

Transforming the future, one child at a time

Mentor Application

Personal Information: (All provided information must in PRINT)

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell: _____

Social Sec. #: _____

Email _____ Date of Birth ___/___/___ Gender: Male Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Employment History (PLEASE SKIP THIS SECTION IF YOU ARE ATTACHING YOUR RESUME)
provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (mm/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone #: _____

Dates of Employment: _____ to _____ (mm/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone #: _____

Dates of Employment: _____ to _____ (mm/year)

Position Held: _____

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

Driver's License# _____

State issue _____ Expiration Date _____

Car Insurance provider _____

Expiration Date _____

TB Test Exp. Date (must be current within 2 years): _____

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. How did you hear about the Bronx One on One Mentoring (BOOM) Program?

2. Why do you want to become a mentor?

3. Do you have any previous experience volunteering or working with youth? Yes No If yes, please specifies. _____
4. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

5. Can you commit to participate in the Bronx One on One Mentoring Program for a minimum of one year from the time you are matched with a youth? Yes No
6. Are you available to meet with a child eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.



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7. Describe your general health. Are you currently under a physician's care or taking any medications? Yes
No If yes, please explain.

8. What religion are you, if any? _____

9. What is the highest level of education you have completed? _____

10. If college/high school graduate, are you the first person in your family to accomplish this?

11. How would you describe yourself?

12. How would your friends, family, and co-workers describe you?

13. Have you ever been arrested or convicted of a crime? Yes No
If yes, what were the circumstances?

14. Have you ever used illegal drugs? Yes No If yes, what substances were used and how often?

15. Are you currently using any illegal drugs or controlled substances? Yes No

16. Do you drink alcoholic beverages? Yes No If yes, how frequent?

17. Have you ever been investigated or convicted of sexually abuse or molestation of a youth under the age of
18? Yes No If yes, please explain

18. Have you ever been convicted of a DUI? Yes No If yes, when and what were the circumstances?

19. Do you use tobacco products? Yes No If yes, what and how often?

20. Have you ever received treatment for alcohol or substance abuse? Yes No If yes, please explain.

21. Have you ever been treated or hospitalized for a mental disorder? Yes No If yes, please explain

22. Have you ever been investigated or convicted of child abuse or neglect? Yes No if yes, please
explain.

23. What is your sexual orientation? (Optional)

24. Are you willing to communicate regularly and openly with BOOM staff, provide monthly information regarding your outing/activities and receive feedback regarding any difficulties during your participation in the mentoring program? Yes No
25. Are you willing to attend an initial mentor training session and in-service training sessions offered quarterly throughout the school year after being matched? Yes No
26. Are you volunteering to fulfill an obligation? Yes No
27. Do you carry or have any guns Yes No (if yes we would have you discuss what safety precautions are necessary around Youth)
28. Do you speak any language other than English? Yes No (If yes) what language _____

Please read this carefully before signing:

Bronx One on One Mentoring Program appreciates your interest in becoming a mentor, in order to insure that this process is completed without delay, please read over the following statements carefully before submitting. For question Please contact BOOM staff directly.

PLEASE INITIAL EACH OF THE FOLLOWING ITEMS:

_____ I agree to follow all BOOM policies and guidelines and understand that any violation will result in suspension or termination of the mentoring relationship.

_____ I understand that the BOOM Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting my application.

_____ I release the Bronx One on One Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her Bronx One on One participation in the program, including but not limited to transportation. Hold harmless any Mentoring Program mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow the Bronx One on One Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used for promotional purposes or other related marketing materials.

I understand I must return all of the following completed items along with this application, and that any incomplete information will be result in the delay of my application being processed:

**Provide a copy of one of the following: Driver's License/ Non-driver's ID/Passport
Provide proof of address: Utility Bill**

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

_____ Prospective Mentor Signature

_____ Date

_____ Parent Signature (If under 18 years of age)

_____ Date



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List any other cities or states where you have resided in the past 10 years and list the accompanying dates.

____ City _____ State _____ From (m/year) _____ End (m/year)

____ City _____ State _____ From (m/year) _____ End (m/year)

____ City _____ State _____ From (m/year) _____ End (m/year)

____ City _____ State _____ From (m/year) _____ End (m/year)

____ City _____ State _____ From (m/year) _____ End (m/year)

____ City _____ State _____ From (m/year) _____ End (m/year)

Personal References

Please provide, and list, the names, addresses, and phone numbers of three people, professional or personal, that you would like to use as character references; your reference must be known to you for a minimum of three (3) years, and you must include at least one, and only one, relative. Additionally, any information the Bronx One on One Mentoring Program acquires, as a result of its investigation, will be used solely to determine your eligibility, and will be considered confidential.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Number: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Number: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Number: _____

Relationship: _____ How long known: _____

Information Release



I, _____, understand it will be necessary for the Bronx One on One Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize the Bronx One on One Mentoring Program to obtain any needed information regarding my personal background. I understand that this may include, but is not limited to, my **DMV Records, legal/criminal history, Sex Offenders Registry, child abuse/neglect history, medical/mental history, character references, and employment history from any state, federal or local agency, and any private organizations/companies;** additionally, **all references, both professional/personal, will be investigated** as to further evaluate my ability to participate in this mentoring program. Furthermore, I provide permission for the Bronx One on One Mentoring Program and Bronx County School District to conduct the same investigation of my background in other states where I have previously resided.

Additionally, I understand that information acquired, as such relates to me, will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature _____ Date _____

Parent Signature (If under 18 years of age) _____ Date _____

Full Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____ / ____ / ____

Social Security Number ____ / ____ / ____