



1700 Pine Street, Ste. 250, Redding, CA 96001  
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Hours: Monday-Thursday 9am-5pm – Closed Friday-Sunday

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### MENTOR APPLICATION

#### **Part I: Mentor Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

How long at your current address? \_\_\_\_\_

If fewer than five years, please list other addresses for the previous five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's license Number: \_\_\_\_\_ State issued: \_\_\_\_\_

Class: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**\*Please attach a copy of your Driver's License and Auto Insurance\***

Occupation: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part II: Recruitment**

How did you hear about Mentoring?

\_\_\_\_\_

Have you ever been a mentor? \_\_\_\_\_ If so, where and for how long: \_\_\_\_\_

What other youth organization(s) are you currently involved in or have been in the past?

\_\_\_\_\_

**Part III: Leisure Preferences**

To help us match you with a youth we would like to know a little about your interests.

Which of these activities do you enjoy?

Sports		Ride Bikes		Water parks		Volunteer	
Art (Drawing, writing, singing, acting)		Miniature Golf		Bowling		Play an instrument	
Hiking		Movies		Ice cream/Frozen Yogurt		Roller Skating/Blading	
Swimming		Turtle Bay		Crafts		Other:	
Camping		Reading		Go to sports events		Other:	
Walking		Shopping		Board Games		Other:	
Fishing		Video Games		Exercising		Other:	

**Sports:**

Baseball		Softball		Basketball		Soccer	
Football		Weight lifting		Tennis		Wrestling	
Track/Cross Country		Water polo		Cheerleading		Volleyball	
Disk Golf		Dance		Other:		Other:	

Do you have any physical limitations? (If so, please describe) \_\_\_\_\_

\_\_\_\_\_

**Part IV: Family History**

Status (circle one): Married                      Single                      Divorced                      Widowed                      Domestic Partner

**Part V: Preferences**

To help us match you with a youth, we would like to know a little about any preferences you may have:

1) Are there certain children that you would prefer to mentor - or for whom you feel you would be a particularly successful mentor? (For example, someone who is shy, someone who has trouble managing his or her anger, someone who loves to draw, someone who loves sports, someone with a learning disability, someone of a certain ethnicity, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Are there any children with whom you might have difficulty or would prefer not to mentor?

Emotional issues     Physically disabled     Learning disabilities     Other (please explain below)

\_\_\_\_\_

3) What kind of support and assistance can the program offer that will be most helpful to you?

Suggestions for activities     Discounts in the community     How to deal with certain situations

Community resources     Case Management     Other (please explain) \_\_\_\_\_  
\_\_\_\_\_

**Part VI: Legal History**

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list dates and charges of which you were convicted. \_\_\_\_\_  
\_\_\_\_\_

Do you currently have any criminal charges pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please describe criminal charges: \_\_\_\_\_  
\_\_\_\_\_

Please describe any past civil or criminal legal issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part VII: Personal References**

Please list the names, addresses, and phone numbers of four people you want to use as references. They must be people who have known you for at least one year.

Employer: \_\_\_\_\_

Co-worker: \_\_\_\_\_

## CONSENT FORM

I, \_\_\_\_\_, hereby authorize the Youth Violence Prevention Council do business as Youth Options Shasta to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state, or federal laws. This information will include, but is not limited to, allegations regarding and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until the Youth Violence Prevention Council receives notification from that agency clearing me, my application will be deferred.

I understand that Youth Violence Prevention Council will check my Department of Motor Vehicle records.

I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed on the application, I have not been found guilty of, or entered a plea of *nolo contendere* or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency under the juvenile laws of this state or any other state.

I further attest that I have not been judicially determined to have committed abuse or neglect of a child; nor do I have a confirmed report of child abuse or neglect or exploitation which has been uncontested or upheld administratively under the laws of this or any other state.

I understand that the Youth Violence Prevention Council has the legal right to accept, reject, or terminate candidates at its discretion.

### **Application Checklist—I have included the following information:**

A copy of my driver's license  
Proof of auto insurance coverage

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date