



IMPACT Youth Mentorship

Mentor Application

Thanks for your interest in becoming an Impact Youth Mentor. This cover sheet explains the various Mentorship opportunities available through IMPACT Youth Mentorship.

Community Based Mentor minimum requirements:

- Must be at least 21 years of age.
- Complete and return application and screening forms
- Complete interview(s) with mentorship staff
- Give contact information for 2 professional 2 personal reference
- Pass criminal background check
- Complete required trainings (CPR/1st Aid, mentor training, ongoing education)
- Commit time to your mentee
- High School Diploma or GED preferred

School Based Mentor minimum requirements:

- Complete and return application and screening forms
- Complete interview(s) with mentorship staff
- Give contact information for 2 professional 2 personal references
- Complete required trainings
- Commit to at least 1 hour a week for at least one academic school year at a designated school site (September to May)



Mentor Application

Date: _____

Which volunteer opportunity do you wish to pursue?

____ Community Based ____ Site based

How did you hear about the IMPACT Youth Mentorship Program? _____

Personal Information

First Name: _____ Last Name: _____

D.O.B.: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different):

City: _____ State: _____ Zip: _____

Email Address: _____

Home phone: _____ Cell Phone: _____

Work phone: _____ Can we contact you at work Yes: ____ No ____

Communication Preference: ____ Email ____ Phone Call ____ Text ____ Mailing

Gender: Male Female

Ethnicity: African African American Asian American Caucasian Hispanic Multi-racial
Native American Other _____

Driver's License Number: _____ State: _____

Occupation: _____ Employer: _____

Religion: _____

Marital Status: Married Single Divorced Separated Long-Term Relationship Widow(er)

Spouse's/Partner's Name: _____ Age: _____

Spouse's Occupation: _____

Number of years in relationship: _____

Education

High School/Location: _____ Graduate? _____

College/ Location: _____ Years: _____ Degree? _____

Major Field of Study: _____

Pre-application Questions

Do you sincerely feel that you can meet the minimum requirement of meeting with your mentee once a week? Yes: _____ No: _____

Do you feel that you will be able to remain in the program for at least one (Calendar or academic) year? Yes: _____ No: _____

Do you object to the agency checking with appropriate public authorities (for example: police, courts, Department of Motor Vehicle, Child Abuse and Registry etc.) For matters of public record regarding your background? Yes: _____ No: _____

Has your driver's license ever been suspended or released? Yes: _____ No: _____

Have you ever been arrested? Yes: _____ No: _____

If yes please give a brief description of the arrest:

Are you now using illegal drugs? Yes: _____ No: _____

Have you ever used illegal drugs? Yes: _____ No: _____

If yes please give a brief description of your usage and time frame:

Do you use Tobacco? Yes: _____ No: _____ Are you willing to not use tobacco while you are with your mentee? Yes: _____ No: _____

Are you taking any medications? Yes: _____ No: _____

If yes please give a brief description of the medication you are taking:

Have you ever been treated for emotional issues? Yes: _____ No: _____

If yes please give a brief description of your concerns?

Have you ever been investigated for adult or child abuse, neglect or endangerment? Yes: _____ No: _____

Have you ever volunteered before? Yes: _____ No: _____

If yes please describe your past volunteer experiences:

List your experience working with children:

Do you have any physical or emotional conditions which may limit your ability to serve as a mentor?

Yes: _____ No: _____

If yes please explain:

What behaviors or characteristics in a child would make you uncomfortable in a matched situation?

Please give information for your references (preferably people you have known for more than 1 year and who are not related to you):

Personal # 1 _____ Phone number _____ Email _____

Personal #2 _____ Phone number _____ Email _____

Professional #1 _____ Phone number _____ Email _____

Professional #2 _____ Phone number _____ Email _____

How did you hear about the Mentorship program? _____

Person who referred you: _____

I agree to allow the YES House Impact Mentorship to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials:

Yes: _____ No: _____ Initial _____

The undersigned acknowledges and agrees that

1. The applicant is not obligated, if called upon, to perform the volunteer services herein applied for and that the agency is not obligated to assign, or actively seek or assigned, the applicant youth to mentor.
2. As part of the agency's matching process, additional personal information will be elicited from the applicant by professional agency personnel. Through interview and references.
3. If matched, the applicant will maintain regular, weekly contact with the matched youth of at least once per week for a minimum of one year (calendar or academic).

Signature: _____ Date: _____

Please return application to:

YES House- (IMPACT Youth Mentorship Program) – 905 N Gurley Ave, Gillette, WY 82716

Email: mentorship@yeshouse.org

Office: 307-686-0669 ext 1610 Cell Phone: 307-299-7923 Fax: 307-686-2121 attn: Stacy Helwig