

OFFICE USE ONLY: _____ Application Complete _____ Ref 1 _____ Ref 2 _____ CRC
_____ Training Dates _____ Start Date _____ End Date _____ CAHC



Mentor Application

Name: _____ Social Sec. # _____-_____-_____

Address: _____

Phone (H) _____ Birth Date: _____

Phone (W) _____ E-mail: _____

Phone (C) _____

EDUCATIONAL HISTORY:

Institution	Degree	Major
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1. Briefly describe what experiences you have had working with youth. Include the name of the agency, the ages of the youth, your responsibilities, and whether paid or volunteer status.
(Please use additional space if necessary.)

2. Please indicate any certifications that you have and the expiration dates
(Red Cross, CPR, Life Saving, YMCA, certification in conditioning/training through NSCA or ASCM, etc.)

3. What educational coursework, internships, or experiences have you completed that would be of direct benefit to your ability to work with “at risk” youth?

References: Please indicate two (2) individuals with whom you have had contact within the past 2 years and who would be willing to speak to your candidacy. We would particularly appreciate references from individuals who have seen you work with adolescents. Include their names, addresses, telephone numbers, and the capacity in which they know you.

1.)

2.)

Please read and sign the *Non-abuse Disclosure Statement and Media Release* below:

I am signing this statement to affirm that I have never been arrested for, convicted of, or suspected of an offense related to the abuse of children or of assaultive behavior. I am offering my signature to illustrate my understanding of some of the fears that exist regarding the abuse issue and to maintain the positive image of The Second Mile Friend Fitness Program as a quality care service provider.

Signed: _____ **Date:** _____

This consent statement authorizes The Second Mile, or its designee, to use at its discretion pictures and video as they pertain to my involvement in The Second Mile Friend Fitness Program. These will be used for public relations and promotional purposes only, on platforms that could include television, print media, or electronic media.

Signed: _____ **Date:** _____

Criminal Record Check and Child Abuse History Clearance:

*** You **must** submit a current *Criminal Record Check* and *Child Abuse History Clearance* with your application. If you do not have current clearances (dated within the past year), clearance applications should be completed and returned to the Friend Fitness director. These applications will be submitted and paid for by The Second Mile. Please request these forms from the Friend Fitness director if they are not given to you with your Friend Fitness Mentor Application.