



Mentor Application

Name: _____ Today's Date: _____

Address: _____

Social Sec. # _____ - _____ - _____ Birth Date: _____

Phone (H) _____ E-mail: _____

Phone (W) _____ Phone (C) _____

EDUCATIONAL HISTORY:

Institution	Degree	Major

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

3. 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.)

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 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 which exist regarding the abuse issue and to maintain the positive image of The Second Mile Friend Fitness Program & Youth Mentoring Partnership as a quality care service provider.

Signed: _____ Date: _____