



5. Are you available to meet with the mentees 16 hours per month and have contact at least once per week? Please explain any particular scheduling issues.

6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.

7. How would you describe yourself as a person?

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

9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

10. Have you ever used illegal drugs? If so, what substances were used and how often?

11. Are you currently using any illegal drugs or controlled substances?

12. Do you drink alcoholic beverages? If so, what and how often?

13. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?

14. Do you use tobacco products? If so, what and how often?

15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.



17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 21 or younger? If yes, please explain.
19. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

Please read this carefully before signing:

NYA appreciates your interest in becoming a mentor.

Please initial each of the following:

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

_____ I understand that NYA is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ I agree to allow NYA to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related promotional materials.

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

- Mentor Application & Agreement
- Information Release Form
- W9 Form

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

Signature

Date



Information Release Form

I, _____, understand it will be necessary for NYA to conduct a background check regarding me.

I authorize NYA to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program.

Further, I understand that information about 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

Full Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____

Social Security Number ____/____/____

Current Driver's License No. _____ State: _____

Expiration Date ____/____/____