



Mentor Information

*TO DIGITALLY FILL: Download PDF to your desktop and then fill out. Applications filled out in "preview" will not save properly.

PERSONAL INFORMATION

First Middle & Last Name

Sex

Date of Birth

Local Address

City

State

ZIP

Permanent Address

City

State

ZIP

Phone Number

Email

Times you can be contacted

Monday

 Morning Afternoon Evening

Tuesday

 Morning Afternoon Evening

Wednesday

 Morning Afternoon Evening

Thursday

 Morning Afternoon Evening

Friday

 Morning Afternoon Evening

Weekends

 Morning Afternoon Evening

Marital Status

 Single Separated Married Widowed Divorced Other

Children

 At home Not living at home Adult Children None Other

Have you discussed becoming a mentor with a spouse/significant other? Y N

EDUCATION

Are you a student? Y N

School/Major/Year

Do you live in Mankato during the summer months? Y N

Please check the highest level of education completed.

No High School Graduation Associate Degree Ph.D

High School Graduate BA/BS Degree Other

College Courses Masters Degree

If a high school graduate, describe your collegiate education timeline.

CURRENT EMPLOYMENT

Employers Name

Position

Employment Address

Phone

REFERENCES (1 PERSONAL, 2 PROFESSIONAL)

1. Name

Address

Phone

Email

Relationship

2. Name

Address

Phone

Email

Relationship

3. Name

Address

Phone

Email

Relationship



Mentor Assessment Policy

The YMCA Brother/Sister Program is a social program designed to help youth who have shown a strong need for a relationship with an interested adult. The desires of the youth's parent or guardian are respected in the selection of the appropriate adult for each youth.

Volunteers must complete the following assessment process (and any other information deemed necessary by the program director) prior to being matched with a child:

1. Fill out a volunteer initial paperwork
 - Volunteer application
 - Complete a Psychological Screening Inventory (PSI)
 - Provide three references
2. Interview with a Program Staff
3. Interview with a Professional Consultant
4. Criminal Background Check and DMV check with Volunteer Selects

The psychological interview is not a formal psychological assessment. The professional consultant does address any concerns of the program director and reviews the volunteer's application and PSI. Based on this limited data, the professional consultant will raise specific issues which maybe risks or benefits for those involved in the program.

The assessment process is designed to establish a profile of volunteers and their interests. This profile will be used by the program to determine each volunteer's suitability and will also be used, once you are accepted into the program, to appropriately match you with a child. Consideration is given to those past and present factors in the health, personality and behavior of each volunteer and/or family situation. If you are not accepted into the program, you may appeal the decision in writing, upon notification.

If it is deemed by the program director and within the guidelines determined by the governing board of the YMCA and the advisory committee of the program that the volunteer is suitable, the volunteer will be matched with a youth. The Brother/Sister Program retains the right to periodically check and review any and all records.

My signature below indicated that I have read and understand the above information.

Signature _____ **Date** _____



Mentor Application

First & Last Name

Sex

Date of Birth

Which languages do you speak?

Why do you want to become a mentor?

How would you describe yourself as a person?

Do you sincerely feel you are able to make at least a 9 Month commitment?

YES

NO

Do you feel you are able to meet with a youth on a minimum of one time per week for three hours?

YES

NO

Describe the significant role models you have had in your life.

Describe your work experience in the past five years (include places of employment, positions held, length of time employed, reason for leaving) and/or your military service.

Summarize your skills, qualifications and experiences which you feel would be beneficial to the Brother/Sister program. Or what assets do you have that would benefit a mentor/child relationship?

Describe your experience working with children. Please check the following that apply.

- | | |
|---|--|
| <input type="checkbox"/> Currently employed working with children | <input type="checkbox"/> Experience working with relative's children |
| <input type="checkbox"/> Previously employed working with children | <input type="checkbox"/> Experience mentoring a youth |
| <input type="checkbox"/> Volunteer experience working with children | <input type="checkbox"/> No experience |
| <input type="checkbox"/> Formal training in working with children | <input type="checkbox"/> Other / Explain |
| <input type="checkbox"/> Parenting experience in raising own children | |

What are your long-range goals?

Describe your ideal Saturday.

We welcome any additional comments from you that will help us know you better as an individual. Please use the space below:

Driving Record Checklist

YES NO

Access to a Vehicle

Valid MN driver's license

Proof of auto Insurance

Moving Violation(s)

Alcohol related offense

Accident(s)

YES NO

Injury

Unpaid ticket(s)

Outstanding warrant(s)

License suspended

License revoked

Insurance ever cancelled

Explain

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

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



Mentor/Child Matching Guide

YOUR PERSONAL LEISURE TIME Please list clubs, organizations and professional groups you are involved in that may benefit the matching process.

CHILD CHARACTERISTICS Please give thought to the following areas and record your preferences.

- AGE 6-8 12-14 9-11 No Preference
- MEETING TIME WEEKNIGHTS EITHER WEEKENDS

ACTIVITIES & INTERESTS WITH A CHILD Directions: Check if you are interested in this activity. Leave blank if you have absolutely no interest in this activity.

- | GENERAL SPORTS | | OUTDOOR ACTIVITY | | INDOOR ACTIVITY | |
|---|--|---|---|---|--|
| <input type="checkbox"/> ATVs | <input type="checkbox"/> Swimming/Diving | <input type="checkbox"/> Rollerblading | <input type="checkbox"/> Study/Nature | <input type="checkbox"/> TV | <input type="checkbox"/> Games |
| <input type="checkbox"/> Football | <input type="checkbox"/> Auto Racing | <input type="checkbox"/> Walking | <input type="checkbox"/> Animal Care | <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Video Games |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Hiking | <input type="checkbox"/> Hackysack | <input type="checkbox"/> Movies | <input type="checkbox"/> Playing an instrument |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf/Mini Golf | <input type="checkbox"/> Camping | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Museums | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Track | <input type="checkbox"/> Handball | <input type="checkbox"/> Fishing | <input type="checkbox"/> Travel/Sightseeing | <input type="checkbox"/> Plays | <input type="checkbox"/> Playing Cards |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Hunting | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Concerts | <input type="checkbox"/> Billiards |
| <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Picnicking | <input type="checkbox"/> Bug Collecting | <input type="checkbox"/> Dancing | <input type="checkbox"/> Foosball |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Weight Lifting | <input type="checkbox"/> Boating | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Stamp Collecting | <input type="checkbox"/> Science/Chemistry |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Archery | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Motorcycling | <input type="checkbox"/> Coin Collecting | <input type="checkbox"/> Astronomy |
| <input type="checkbox"/> Roller Skating | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Bike Riding | <input type="checkbox"/> Rock Collecting | <input type="checkbox"/> Watching Sports |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Raquetball | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Jogging/Running | <input type="checkbox"/> Reading | |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Rodeos | <input type="checkbox"/> Gardening | | |

- | WINTER SPORTS | HANDS ON ACTIVITY |
|--|---|
| <input type="checkbox"/> Downhill Skiing | <input type="checkbox"/> Models |
| <input type="checkbox"/> XC Skiing | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Sledding | <input type="checkbox"/> Crocheting/Knitting |
| <input type="checkbox"/> Broomball | <input type="checkbox"/> Carvings |
| <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Arts & Crafts/Painting |
| <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> Electronics |
| <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Auto Mechanics |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Curling | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Sewing |

OTHER ACTIVITIES YOU ENJOY

OTHER ACTIVITIES YOU DISLIKE

ISSUES OF CONCERN Everyone has certain issues, some more difficult to cope with than others. Most children involved with the Brother/Sister program will have some of the issues/concerns listed below. Score the following with the number which best fits your comfort level in coping with the following issues and concerns:

- 1 - Would Accept**
- 2 - Would Consider**
- 3 - Would not be comfortable with this issue**

A child who is or has experienced...

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Withdrawn/unresponsive | <input type="checkbox"/> Lacks motivation | <input type="checkbox"/> Lacks good manners | <input type="checkbox"/> Manipulation |
| <input type="checkbox"/> Child uses Drug/alcohol | <input type="checkbox"/> Physically challenged | <input type="checkbox"/> Poor communication skills | <input type="checkbox"/> Parent who is overwhelmed |
| <input type="checkbox"/> Parent uses Drugs/alcohol | <input type="checkbox"/> Experienced abuse | <input type="checkbox"/> Messy home | <input type="checkbox"/> Talks a lot |
| <input type="checkbox"/> Quiet/Shy | <input type="checkbox"/> Emotional challenged | <input type="checkbox"/> Struggles with school | <input type="checkbox"/> Involvement of absent parent |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Smokes cigarettes | <input type="checkbox"/> Lack of parental supervision | <input type="checkbox"/> Hyperactive |
| <input type="checkbox"/> Sexually active | <input type="checkbox"/> Child with smoking parents | <input type="checkbox"/> Problems with peers | <input type="checkbox"/> Parent unable to speak English |
| <input type="checkbox"/> Lacks confidence | <input type="checkbox"/> Mentally challenged | <input type="checkbox"/> Chaotic family life | <input type="checkbox"/> Parent with mental health issues |
| <input type="checkbox"/> Pregnancy/abortion | <input type="checkbox"/> Doesn't respect authority | <input type="checkbox"/> Problems with parents | <input type="checkbox"/> Household with more than 2 pets |
| <input type="checkbox"/> Steals/shoplifting | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Poverty | <input type="checkbox"/> Religious family |
| <input type="checkbox"/> Doesn't show emotions | <input type="checkbox"/> Dishonest/exaggerates the truth | <input type="checkbox"/> Swearing/profanity | <input type="checkbox"/> Non-Religious Family |
| <input type="checkbox"/> Dresses differently/clothing fads | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Court involvement | |

Please list any activities, preferences or characteristics of a child that you feel are vital for the success of your match.

How would you feel about mentoring a child whose behavior, standards, values and attitudes differ from yours?



Mentor Release Form

I hereby understand that when I participate in all programs and activities sponsored by or related to the Mankato YMCA Brother/Sister program I assume all risks and hazards incidental to such participation (including transportation) and release these agencies (including all staff members, event sponsors, participants and volunteers) from any claims arising from an accident or injury. I give permission to be treated in case of emergency at the nearest hospital. I also give the Mankato Brother/Sister program permission to use photographs taken for future public relations.

Signature _____ **Date** _____



Mentor Survey

Please check mark the appropriate answer.

My Gender

- Male
- Female

My Age

- 18-19
- 20-25
- 26-30
- 50+

Please check mark how you found out about the Brother/Sister program and if applicable in the space provided list specific name of location or person: (all that apply)

Sign/Brochure/Flyer

- Church
- Employer
- General Community
- College
- YMCA
- Other

Personal Contact

- YMCA Staff
- Advisor
- Instructor
- Friend
- Co-worker
- Other

Presentation

- United Way
- Classroom
- Organization
- Other

Media

- Newspaper
- TV
- YMCA Website
- Other Website
- Other

Other

- Self Initiated
- Class requirement
- Service Learning Fair
- Other

Thank you for completing this survey!

This information will help in marketing the program and will have no reflection on the status of your application.