



# Mankato Family YMCA

For Youth Development, Healthy Living and Social Responsibility

## School-Based Mentoring Volunteer Application

Date: \_\_\_\_\_

Mentor Information

First Name		Last Name		Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home/Local Address		City		State	Zip
Home Phone	Work Phone	Cell Phone		Best Contact Method: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email Prefer calls in: <input type="checkbox"/> AM <input type="checkbox"/> PM	
E-mail					
Employer Name		Job Title		#of Years with Employer	
Employer Address		City		State	Zip
Emergency contact name		Relationship		Phone	

**Educational Background (mark one):**

<input type="checkbox"/> Some high school	<input type="checkbox"/> Graduate/professional school	Other (please specify): _____ _____ _____
<input type="checkbox"/> High school graduate	<input type="checkbox"/> Technical school	
<input type="checkbox"/> Some College	<input type="checkbox"/> College Graduate	

**How did you hear about the YMCA School-Based Mentor Program? Check as many as apply and describe below.**

<input type="checkbox"/> Newspaper/Radio	<input type="checkbox"/> Television	<input type="checkbox"/> YMCA Website	<input type="checkbox"/> Church	
<input type="checkbox"/> Work	<input type="checkbox"/> Friend	<input type="checkbox"/> United Way	<input type="checkbox"/> Volunteer Website	<input type="checkbox"/> School
<input type="checkbox"/> Facebook/Twitter	<input type="checkbox"/> Current Mentor: _____			

Please provide any additional referral details: \_\_\_\_\_

Referral

**Please list three references. One reference can be a relative or friend. The other 2 need to be a professional reference. Please provide complete information to expedite your application.**

Name	Relationship	Email		
Address	City	State	Zip	Phone
Name	Relationship	Email		
Address	City	State	Zip	Phone
Name	Relationship	Email		
Address	City	State	Zip	Phone

References

Mentoring Programs are offered at the following schools:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Franklin Elementary         | <input type="checkbox"/> Roosevelt Elementary  | <input type="checkbox"/> Hoover Elementary            |
| <input type="checkbox"/> Washington Elementary       | <input type="checkbox"/> Rosa Parks Elementary | <input type="checkbox"/> Kennedy Elementary           |
| <input type="checkbox"/> Jefferson Elementary        | <input type="checkbox"/> Eagle Lake Elementary | <input type="checkbox"/> Dakota Meadows Middle School |
| <input type="checkbox"/> Prairie Winds Middle School | <input type="checkbox"/> East High School      | <input type="checkbox"/> West High School             |

1. I am available to meet with a youth: (Please rank preference. If not available, please note N/A)

\_\_\_\_\_ Before School (7:30am-8:30am)

\_\_\_\_\_ Lunch (sometime between 10:30-1pm for 1 hour)

Lunch Time availability: \_\_\_\_\_

\_\_\_\_\_ After School (2:45pm-3:45pm)

2. I am available the following days: (Circle all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday
--------	---------	-----------	----------	--------

3. I prefer to work with a specific age:

- |  |  |
|--|--|
| <input type="checkbox"/> Kindergarten          | <input type="checkbox"/> 4 <sup>th</sup> Grade                   |
| <input type="checkbox"/> 1 <sup>st</sup> Grade | <input type="checkbox"/> 5 <sup>th</sup> Grade                   |
| <input type="checkbox"/> 2 <sup>nd</sup> Grade | <input type="checkbox"/> 6 <sup>th</sup> -8 <sup>th</sup> Grade  |
| <input type="checkbox"/> 3 <sup>rd</sup> Grade | <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> Grade |

I prefer to work with:

- |   |
|---|
| <input type="checkbox"/> Male Student   |
| <input type="checkbox"/> Female Student |
| <input type="checkbox"/> No preference  |

4. Initial the three statements below:

\_\_\_\_\_ I understand that the mentor program involves spending a minimum of one hour every week for the academic year at a school with an assigned student.

\_\_\_\_\_ I understand that I will be required to complete the mentor program orientation and training prior to being matched.

\_\_\_\_\_ I understand that all mentor activities shall take place during the school day, on school grounds, or at school-sponsored events at which school personnel are in attendance.

5. Do you prefer working with a quiet, reserved child? Yes  No  No preference

6. Do you prefer working with an outgoing child? Yes  No  No preference

7. What qualities would you like in a mentee?

\_\_\_\_\_  
\_\_\_\_\_

8. Do you prefer working with a student from a specific racial/ethnic group? Yes  No

If yes, please specify: \_\_\_\_\_

9. Do you speak a foreign language? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

10. What would you like to do with a mentee? \_\_\_\_\_

---

---

11. What club or groups, if any, do you belong to? \_\_\_\_\_

---

12. My favorite subject in school was \_\_\_\_\_

13. My least favorite subject in school was \_\_\_\_\_

14. Why are you interested in becoming a mentor? \_\_\_\_\_

---

---

---

---

15. Please list any other information about yourself you feel would be helpful in matching you with a student. This can include any special hobbies talents or interests.

---

---

---

---

16. Please describe any previous experience working with children.

---

---

---

---

17. What individual has served as a role model for you? Why?

---

---

---

---

**Please Return Completed Application to:**

Mankato Family YMCA  
School-Based Mentoring Program  
1401 S Riverfront Drive  
Mankato, MN 56001  
Fax: 507-387-2522 Phone: 507-345-9815  
email: [sbmentoring@mankatoymca.com](mailto:sbmentoring@mankatoymca.com)