



For Youth Development, Healthy Living and Social Responsibility

Mankato Family YMCA

School-Based Mentoring Volunteer Application

Date: _____

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

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 | |

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"/> Monroe Elementary |
| <input type="checkbox"/> Bridges 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:

I prefer to work with:

- | | | |
|--|--|---|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 4 th Grade | <input type="checkbox"/> Male Student |
| <input type="checkbox"/> 1 st Grade | <input type="checkbox"/> 5 th Grade | <input type="checkbox"/> Female Student |
| <input type="checkbox"/> 2 nd Grade | <input type="checkbox"/> 6 th -8 th Grade | <input type="checkbox"/> No preference |
| <input type="checkbox"/> 3 rd Grade | <input type="checkbox"/> 9 th -12 th Grade | |

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: cpage@mankatoymca.org