

Employment

Current Employer: _____ Primary Industry: _____
Job Title: _____ Dates (from/to): _____
Address: _____
Phone #: () _____ Supervisor: _____
May we contact your supervisor for a reference? Yes No

Previous Employer: _____ Primary Industry: _____
Job Title: _____ Dates (from/to): _____
Address: _____
Phone #: () _____ Supervisor: _____

Education

Name of High School: _____ City, State: _____
Dates Attended: _____ To: _____ Did you graduate? YES NO Degree: _____

Name of College: _____ City, State: _____
Dates Attended: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City, State: _____
Dates Attended: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

References

Please list four references - one must be a business associate or colleague, and one a friend you have known for at least two years. You will need to sign a release form for your references indicating that you allow us to contact them.

1. Full Name: _____ Relationship: _____

Address: _____

E-mail Address: _____ Phone: () _____

2. Full Name: _____ Relationship: _____

Address: _____

E-mail Address: _____ Phone: () _____

3. Full Name: _____ Relationship: _____

Address: _____

E-mail Address: _____ Phone: () _____

Health

What is the overall condition of your health? (ie. recent surgery, recently hospitalized?)

Excellent Good Fair Poor

Are you currently taking any medications that would impair your ability to interact with your fellow co-mentors (i.e. driving)?

Yes No If yes, please explain.

Have you received treatment for alcohol or substance abuse within the last 5 years? Yes No If yes, please explain.

Have you used illicit drugs within the last 5 years? Yes No If yes, what substances were used and how often?

Have you been treated or hospitalized for a mental disorder within the last 5 years? Yes No If yes, please explain.

Transportation

Do you have reliable transportation? Yes No

How far are you willing to travel from home to meet up with young adult and adult co-mentors?

15 minutes away 30 minutes away 1 hour away more than 1 hour away

Are you willing to provide transportation to events and workshops for the young adult co-mentors in your group?

Yes No Depends on distance

What are the most convenient times for you to meet with your young adult match? Please check all that apply:

Weekdays Mornings Afternoons Evenings Saturdays Sundays

How many hours are you able and willing to spend participating in this program?

2 - 7 hours per month 8 - 12 hours per month more than 12

Referral Source

Please indicate how you learned about our organization.

- Current Co-Mentor? Who? _____
- Stepping Forward LA Employee? _____
- Volunteer Match website
- Stepping Forward LA website
- Agency. If so, which? _____
- Internet Search
- Religious Organization. If so, which? _____
- Other _____

Motivation to Mentor

Please indicate why you would like to mentor foster youth and any qualifications, skills or attributes that you feel would make you a good mentor.

Reference Release of Information

I hereby authorize the references listed within this application to provide a personal reference to **Stepping Forward LA** in relation to my application to become a volunteer/co-mentor. This release is valid for a period of one year from the date of signing.

I am aware that this release may be used to obtain relevant information from the people noted above regarding my application.

Signature

Date

Disclaimer and Signature

By signing below, I represent and warrant to **Stepping Forward LA** that I am 18 years of age or older. I understand and agree that this Application is intended to provide preliminary information only, and does not guarantee my selection as a volunteer/co-mentor with **Stepping Forward LA**. I further understand that additional information will be required as part of the application process.

I hereby authorize **Stepping Forward LA** to conduct a complete character background check on me including, but not limited to, gathering information from the references named above, the Department of Justice, Child Abuse Index registry and Department of Motor Vehicles and any other applicable agencies.

I further understand that the information provided by me in this Application and the information obtained from the references I have provided is confidential, and shall only be used as part of the volunteer/co-mentor selection process.

By signing below, I attest to the truthfulness of all information listed on this application and agree to the follow **Stepping Forward LA** Policies and Procedures.

Signature

Date