



## PATHS MENTORING PROGRAM Mentor Application

### Personal Information

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

### Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

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Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

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Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

### **Application Questions**

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Can you commit to participate in the PATHS mentoring program for a minimum of one year from the time you are matched with a youth?

5. Are you available to meet with a child 6 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, drinking 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 18 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?
20. Are you willing to attend an initial mentor training session and two inservice training sessions per year after being matched?

**Please read this carefully before signing:**

PATHS' Mentoring Program 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 PATHS Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ (optional) I agree to allow PATHS Mentoring Program to use any photographic or video stream image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

\_\_\_\_\_ I release the PATHS/Pacific Camps Mentoring Program of all liability of injury, death, or other damages to me, my family, estate, heirs, or assigns that may result from my participation in the program, including but not limited to transportation, and hold harmless any PATHS program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

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:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- DMV H-6 form (refundable)

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

Please return or mail this application and the items listed above to PATHS Mentoring Program Attn: Manny Gallardo 380 Mobil Ave. Camarillo, Ca 93010

# PATHS MENTORING PROGRAM

*Being Shepherds of God's flock*

## Information Release

I, \_\_\_\_\_, understand it will be necessary for PATHS Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize PATHS 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 provide permission for PATHS to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself 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: \_\_\_\_\_

Please list any other cities, states, and dates of residency during the past 10 years.

_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
_____ City	_____ State	_____ From (m/year)	_____ To (m/year)

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## Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information PATHS Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

# PATHS MENTORING PROGRAM

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## Mentor Interest Survey

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

Please complete all the following. This survey will help PATHS Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays: \_\_\_      Lunchtime: \_\_\_      After school: \_\_\_  
Evenings: \_\_\_      Weekends: \_\_\_      Other: \_\_\_

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities?

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

Do you play a musical instrument? If so, what?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

### Interest Finder

Place a check next to each activity you enjoy, leaving the others blank. Indicate with a “P” if you participate in the listed activity and an “S” if you are a spectator.

<u>Sports</u>	<u>Outdoor Activities</u>	<u>Hobbies</u>
<input type="checkbox"/> Baseball	<input type="checkbox"/> Boating	<input type="checkbox"/> Sewing
<input type="checkbox"/> Football	<input type="checkbox"/> Swimming	<input type="checkbox"/> Painting
<input type="checkbox"/> Soccer	<input type="checkbox"/> Camping	<input type="checkbox"/> Cooking
<input type="checkbox"/> Hockey	<input type="checkbox"/> Walking/Hiking	<input type="checkbox"/> Wood working
<input type="checkbox"/> Golf	<input type="checkbox"/> Horseback riding	<input type="checkbox"/> Mechanics
<input type="checkbox"/> Tennis	<input type="checkbox"/> Bike riding	<input type="checkbox"/> Movies
<input type="checkbox"/> Karate	<input type="checkbox"/> Kites	<input type="checkbox"/> Music
<input type="checkbox"/> Bowling	<input type="checkbox"/> Ping Pong	<input type="checkbox"/> Sculpturing
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Billiards	<input type="checkbox"/> Drawing
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Boogie Boarding	<input type="checkbox"/> Photography
<input type="checkbox"/> Snow Skiing	<input type="checkbox"/> Surfing	<input type="checkbox"/> Models
<input type="checkbox"/> Water Skiing	<input type="checkbox"/> Gardening	<input type="checkbox"/> Crafts
<input type="checkbox"/> _____	<input type="checkbox"/> Running	<input type="checkbox"/> Computers
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

### PATHS MENTOR CODE OF CONDUCT

**THE FOLLOWING IS A CODE OF CONDUCT REQUIRED OF ALL MENTORS. PLEASE READ AND SIGN THIS CODE. IF YOU HAVE ANY QUESTIONS, CONTACT YOUR PACIFIC CAMPS COUNSELOR.**

1. **Never use alcohol or drugs when you are with your mentee. Never offer your mentee alcohol or drugs.**
2. You and Pacific Camps staff members are the only individuals allowed to operate the car in which your mentee rides. Always ensure that your mentee is wearing a seatbelt in the car, and obey all traffic laws. You may only take your mentee on a motorcycle if you have obtained permission directly from the parent/legal guardian. If your spouse/partner would like to drive your mentee, s/he must submit her/his driving record and proof of auto insurance to Pacific Camps
3. Maintain liability insurance on your car throughout the duration of your commitment as a mentor.
4. If you suspect abuse or neglect of your mentee, discuss this with your counselor immediately.
5. Corporal punishment and physical discipline of your mentee are not permitted even if the parent gives you permission. Discuss an appropriate means of setting goals and limits with your counselor.
6. Respect the privacy and personal boundaries of your mentee. Inappropriate behavior, such as sexual relationships, abuse, or molestation, is not permitted.
7. Pacific Camps does not allow overnight visits with the exception of Pacific Camps supervised group activities such as ski trips and camping.
8. Never ask your mentee to keep a secret.
9. If you are running late, call your mentee to let her/him know what time you will be there.
10. Always inform the mentee's parents of your plans and what time you expect to return the mentee home. If you are running late, call the parents as soon as possible.
11. Make sure the parent knows what time the mentee will be home, so the parent can arrange to be there when you arrive. Let the parent know that you cannot drop the child off at an empty house. Discuss these arrangements with the parent when you pick up the child.
12. The child is never to be left in anyone else's care, including boyfriends, girlfriends, husbands, wives, and friends.

I agree to abide by the Pacific Camps Code of Conduct.

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

Printed Name of Mentor: \_\_\_\_\_