



Clear Vision Mentor Application

SECTION ONE: GENERAL INFORMATION

Name: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

How long have you lived at this address?: _____ years (if less than five years, please list previous addresses below).

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Alternate Contact: _____

This can be a cell, email, or person

Marital Status: Single Married Divorced Separated

Children: Yes No N/A

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Previous addresses:

Address: _____

Dates: _____

Address: _____

Dates: _____

Address: _____

Dates: _____

SECTION TWO: EMPLOYMENT INFORMATION

Occupation: _____ Employer Name: _____

Title: _____

Work phone: _____ Fax: _____

Email: _____

Length of employment: From _____ to _____

Name of Supervisor: _____ Title: _____

SECTION THREE: Background Screening (this information will be kept confidential and secure)

Will you agree to have the Devante Waites Foundation, Inc. under the DW3 Clear Vision Mentoring program check your background through federal and state agencies for criminal records and child abuse and neglect proceedings?

(Please circle) YES NO

Social Security Number (*Required for criminal records check*): _____ - _____ - _____

Do you have a valid Driver's License? Yes No

State Issue: _____ Date Issue: _____ Expire Date: _____ Number: _____

Have you ever been convicted of a crime? _____ If "Yes", please explain: _____

SECTION FOUR: MENTORING INFORMATION

Why do you want to be a mentor?

Do you have any previous experience volunteering, mentoring, or working with youth?

Do you have any hobbies or special skills?

What support or resources would you need to be successful as a mentor?

As a youth, did you have a mentor? What was successful and challenging about being mentored?

REFERENCES

Please list the names, addresses, and phone numbers of two personal character references, plus one employer reference. Please list only nonrelatives you have known for at least a year.

Reference 1: Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Reference 2: Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Reference 3: Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Please read this carefully before signing:

By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment to my mentee of 4 hours a month for an academic school year or 15 months.

Signature: _____ Date: _____