



**Broadened Opportunity for Outstanding Student Selection and Tracking  
Inc.**

**75076 Fern Creek Drive  
Yulee FL 32097**

## **Mentor Application**

**Today's Date:** \_\_\_\_\_

### **Identifying Information**

Name (First Middle Last): \_\_\_\_\_

Gender (please check): Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

School(s) where interested in mentoring: \_\_\_\_\_

### **Background Information:**

Ethnic Group (**circle one**): Caucasian African American Hispanic Asian American Indian

Other (please specify): \_\_\_\_\_

Age Category (circle one): 18-30 31-40 41-50 51-60 61

Are you married? \_\_\_\_\_ Name of Spouse (if applicable): \_\_\_\_\_



Do you have children? \_\_\_\_\_ # sons \_\_\_\_\_ age(s) \_\_\_\_\_ # daughters \_\_\_\_\_ age(s) \_\_\_\_\_

When you were a teenager, to what income group did your family belong?

low income

middle income

high income

**Career/Education Information: Highest education completed**

Some school, not a high school graduate: \_\_\_\_\_ GED: \_\_\_\_\_ High school graduate: \_\_\_\_\_

Associate degree in: \_\_\_\_\_ School: \_\_\_\_\_

Technical/vocational certificate in: \_\_\_\_\_ School: \_\_\_\_\_

Bachelor's degree in: \_\_\_\_\_ School: \_\_\_\_\_

Master's degree in: \_\_\_\_\_ School: \_\_\_\_\_

Doctorate in: \_\_\_\_\_ School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Other: \_\_\_\_\_

Are you currently enrolled in any education or training program? Yes \_\_\_\_\_ No \_\_\_\_\_

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

**Mentor Information**

How would you describe your communication style?

Friendly and outgoing \_\_\_\_\_

Usually wait to be approached by someone new \_\_\_\_\_

Reserved until I get to know someone new \_\_\_\_\_



I am interested in becoming a mentor because: (check all that apply)

- I think I'd be a positive role model
- I like children
- I have the time to give
- I overcame difficulties growing up and would like to help someone else
- I think I have the personality and abilities to be a good mentor
- I am interested in making a difference in the life of a child
- I believe in the value of mentoring
- I wish I had had a mentor when I was a teenager

Do you have any specific training or experience in dealing with any of the following youth issues?

(If yes, please explain):

Drug awareness \_\_\_\_\_

Teen pregnancy \_\_\_\_\_

Teen violence \_\_\_\_\_

Sex/abstinence \_\_\_\_\_

Other \_\_\_\_\_

Please indicate how comfortable you would be in talking to a protégé about the following:

(vc = very comfortable; c = comfortable; s = somewhat comfortable; n = not comfortable)

- World of Work
- Goal Setting
- Career Planning
- College Planning
- Personal Experiences
- Hobbies/interests



Please indicate how comfortable you would be in talking to a protégé about the following:

(vc = very comfortable; c = comfortable; s = somewhat comfortable; n = not comfortable)

- \_\_\_\_\_ you have a hard time reaching your mentee
- \_\_\_\_\_ you make arrangements to meet, and your mentee doesn't show
- \_\_\_\_\_ your mentee seems unresponsive to your interest in getting to know him/her
- \_\_\_\_\_ your mentee calls you too often
- \_\_\_\_\_ your mentee asks you for money
- \_\_\_\_\_ your mentee shares very sensitive thoughts or information with you

Are there any particular problems you would prefer *not* to handle as a mentor?

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Is there anything else you would like us to know about you? If yes, please explain:

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## REFERENCES

Please print **COMPLETE** name, address, and relationship of three people. They must have known you for at least 2 years. Each should be in a position to evaluate your qualifications as a mentor. Please **do not** include family members, current boyfriends, girlfriends, or fiancées as references.

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_



If you are currently employed, please print the name and address of your work supervisor. If employed less than 6 months, the previous employer.

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_



## **Liability Release and Consent for Release of Information**

I do hereby affirm the above information is true. I understand if denied acceptance into a mentoring program, no reason for denial will be given. I hereby consent to Broadened Opportunity for Outstanding Student Selection and Tracking/Covington County to release information to other entities, agencies, or individuals. I hereby release Broadened Opportunity for Outstanding Student Selection and Tracking/Covington County from any liability whatsoever for any information released or any acts or omissions connected with this application. I understand and consent to Broadened Opportunity for Outstanding Student Selection and Tracking/Covington County examining any and all available records or information from any source, to include but not be limited to criminal records.

I hereby allow Broadened Opportunity for Outstanding Student Selection and Tracking/Covington County to release any information compiled from my interview, references, or other sources pertaining to my application to become a mentor to Broadened Opportunity for Outstanding Student Selection and Tracking/Covington County. Broadened Opportunity for Outstanding Student Selection and Tracking/Covington County will use this information for the purpose of evaluating my ability to meet the initial criteria to serve as a mentor with a mentoring agency. I hereby release Broadened Opportunity for Outstanding Student Selection and Tracking/Covington County from any liability, debt, claim, suit, or obligation of any nature whatsoever should any information be obtained by any other individual, party, or entity of any nature whatsoever.

It is understood that I am offering my services to Broadened Opportunity for Outstanding Student Selection and Tracking/ Covington County without compensation and without any rights to health benefits in case of injury. I hereby give my permission for Broadened Opportunity for Outstanding Student Selection and Tracking to perform a background check so that I may be eligible to become a mentor.

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Signature

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Date

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Please print your name here



## Policy Adherence Agreement

Please initial your approval next to each statement.

- \_\_\_\_\_ As a mentor in the Broadened Opportunity for Outstanding Student Selection and Tracking/Covington County program, I will always act in a manner that is in the best interest of my student.
- \_\_\_\_\_ I will notify Broadened Opportunity for Outstanding Student Selection and Tracking/Covington County if I must terminate my mentor position for any reason.
- \_\_\_\_\_ I will notify my student or his or her school liaison or the Broadened Opportunity for Outstanding Student Selection and Tracking/Covington County Student Advocate if I am unable to attend a previously scheduled meeting.
- \_\_\_\_\_ I will not willfully arrange contact with my student off school property unless under the supervision of Broadened Opportunity for Outstanding Student Selection and Tracking/Covington County.
- \_\_\_\_\_ I will not drive my student in my car.
- \_\_\_\_\_ I understand that Broadened Opportunity for Outstanding Student Selection and Tracking/Covington County will terminate my relationship with my student if I violate any of the above policies.
- \_\_\_\_\_ 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 Broadened Opportunity for Outstanding Student Selection and Tracking/Covington County is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.
- \_\_\_\_\_ I understand that this is a 5 year commitment to the student I'm assigned to mentor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name here





## Mentor/Student Interest Form

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

Place a check a mark next to any activity you enjoy participating in or watching:

### SPORTS

- Baseball
- Basketball
- Bicycle Riding
- Boating
- Boxing
- Bow & Arrow
- Bowling
- Diving
- Go-carts
- Golfing
- Football
- Handball
- Horseback Riding
- Horseshoes
- Ice Skating
- Kites
- Miniature Golf
- Other (specify): \_\_\_\_\_

### COLLECTING

- Autographs
- Dolls
- Insects
- Music / Records
- Photographs
- Rocks & Minerals
- Scale Models
- Snakes
- Sports Memorabilia
- Stamps
- Stars (Astronomy)
- Trees & Leaves
- Other (specify): \_\_\_\_\_

### SCIENCE & MECHANICS

- Auto Repair
- Aviation
- Chemistry
- Computers
- Electronics
- Engines (gasoline)
- Kit Building (specify)
- Missiles & Rockets
- Other (specify) \_\_\_\_\_

### INDOOR ACTIVITIES

- Card Games
- Ping Pong
- Other (specify): \_\_\_\_\_



## ADDITIONAL PERSONAL NOTES

Do you have any pets? \_\_\_\_\_ What kinds? \_\_\_\_\_

Do you play any musical instruments? \_\_\_\_\_ What? \_\_\_\_\_

What do you like to read best? \_\_\_\_\_

Which do you prefer? Be in a group \_\_\_\_\_ Be alone \_\_\_\_\_ Be with one friend \_\_\_\_\_

What clubs / organizations do you belong to?

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What are you most afraid of?

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If you had three wishes, what would you wish for?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_