

Cardinal Mentor Application

Full Name _____ Date _____

Gender _____ Birth date _____

Permanent Address Street, Apt. _____

City _____ State _____ Zip _____ Phone # _____

What motivated you to participate in the Mentoring Program?

Can you meet with a child once a week during the school year? ___ Yes ___ No

What do you like to do during your leisure time?

What service or social groups do you belong to?

Have you ever been convicted of a crime? ___ Yes ___ No If yes, please explain:

Please list three references who have known you for more than one year. Print complete names and relationships for three people you authorize us to contact who would evaluate your qualifications as a volunteer. Do not include more than one family member.

1) Name _____

Mailing Address/Zip Code _____

Phone Number _____ Relationship to you _____

2) Name _____

Mailing Address/Zip Code _____

Phone Number _____ Relationship to you _____

3) Name _____

Mailing Address/Zip Code _____

Phone Number _____ Relationship to you _____

Mentor Agreement

As a volunteer for the Cardinal Mentoring Program, I agree to the following:

- To attend a training session before beginning
- To be on time for scheduled meetings
- To notify the school office if I am unable to keep my weekly meeting
- To engage in the relationship with an open mind
- To accept assistance from my mentee's teacher
- To keep discussions with my mentee confidential
- To ask for assistance when I need help with my mentee
- To notify the agency of changes or concerns

Signature _____

Date _____