



B.L.E.S.S.E.D. MINISTRIES, INC.



Partnering with

MENTORING PROGRAM **Mentor Application**



Personal Information (Please print clearly)

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Email: _____

Cell Phone: _____

Social Sec. #: _____

Date of Birth ___/___/___ Age: _____ Gender: Male ___ Female ___

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Other: ___

What are the most convenient times for you to meet with your mentee? Please check all that apply. Weekdays: ___ Lunchtime: ___ Evenings: ___ Weekends: ___ Other: ___

Emergency Contact Name: _____ Phone Number: _____

Employment

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 formerly incarcerated individuals? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a Mentee? Please explain.
4. Can you commit to participate in the Mentoring Program for a minimum of **six months** from the time you are matched with a Mentee?
5. Are you available to meet with a Mentee for a minimum of 4 hours per month?
6. How would your friends, family, and co-workers describe you?
7. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
8. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
9. Have you ever used illegal drugs? If so, what substances were used and how often?
10. Are you currently using any illegal drugs or controlled substances?
11. Do you drink alcoholic beverages? If so, what and how often?
12. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
13. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.



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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, and one current or past employer.** Any information the 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: _____

Please read this carefully before signing:

The Mentoring Program appreciates your interest in becoming a Mentor.

Please initial each of the following:

_____ I agree to follow all the Mentoring Program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that the Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ I understand that my volunteer involvement is covered by the Federal Volunteer Act. I agree to release and indemnify Goodwill Industries/B.L.E.S.S.E.D. Ministries Inc. and the collaborative agencies involved in the Mentoring Program from liability of any kind arising from the performance of this agreement and the provision of services to the client.

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

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:

- Mentor Application
- Personal Reference Form

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 submit your application to contact@blessedministriesinc.org or fax to 877-516-2536.

Otherwise, please mail your application to:

BLESSED Ministries
PO Box 1097
South Orange, NJ 07079

For more information, contact 973-327-4747 or email contact@blessedministriesinc.org