



MENTOR APPLICATION



PATHFINDERS

MENTORING

MENTOR APPLICATION

Personal Information:

Name _____ Gender: **Male** **Female**
 First Middle Last

Address _____
 Street City State ZIP

Home phone _____ Mobile phone _____

Name/address of employer _____

Occupation _____ Birthdate _____

E-mail address _____

Family (Names/ages of spouse & children):

Volunteer Information:

1. Indicate your grade preference (circle): **Elementary** **Jr. High/Middle School**

2. What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program?

3. **Yes No** Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

4. **Yes No** Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #5?

5. If the answer is YES to questions 3 or 4, please explain below:

6. Educational Background (mark one):

Some high school	Graduate/professional school
High school graduate	Technical school
Some college	College graduate
Other (please specify) _____	

7. What days of the week would you prefer to meet with your mentee? (circle all that apply):
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

8. What is the best time for you to meet with your mentee? (circle all that apply):
Mornings Afternoons Evenings Weekends

9. Please list three references (please include at least one pastor or elder from your church who knows you):

PASTOR/ELDER: Name _____
Address _____
City _____ State/ZIP ____
Phone number _____
Relationship _____

Name _____
Address _____
City _____ State/ZIP ____
Phone number _____
Relationship _____

Name _____
Address _____
City _____ State/ZIP ____
Phone number _____
Relationship _____

In making this application to be a volunteer, I understand that Pathfinders routinely performs criminal and driving record checks of all volunteers for the position of mentor for which I am applying. This check may be done on me if I sign below. If I fail to sign, it may be grounds for rejecting me as a mentor. I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature

Date



PATHFINDERS
MENTORING
MENTOR AGREEMENT

As a volunteer mentor in the Pathfinders Mentoring Program, I agree to

- Make a one-year commitment to mentoring;
- Attend provided training sessions;
- Be on time for scheduled meetings;
- Notify the program coordinator if I am unable to keep my regular mentoring sessions;
- Engage in the relationship with an open mind;
- Accept assistance from my mentee's teacher and/or school support staff;
- Keep discussions with my mentee confidential, unless the child's safety or well-being is at risk or I suspect child abuse;
- Ask program support staff when I need assistance, do not understand something or am having difficulty with my mentoring relationship;
- Notify the program coordinator of any changes in my employment, address and telephone number;
- Notify the program coordinator of any significant change in my mentee; and

Signature

Date



CRIMINAL HISTORY AUTHORIZATION

In order to protect the children who attend activities at Pathfinders, Northstar Church requires that the name of every new volunteer be checked by the local police department. Information provided by this check will not necessarily disqualify a candidate from serving in Pathfinders. However, the prospective volunteer will not be allowed to serve in Pathfinders until the background check is returned from the police department to Pathfinders.

Once received, this information will be kept in a confidential file, available to the Pathfinders ministry staff only. Please complete the information below to be sent to the local police department and later retained in your file.

CRIMINAL HISTORY AUTHORIZATION

By my signature below, I hereby authorize the police department from _____ County to release any information which pertains to any record of conviction in its files or in any criminal file maintained on me whether local, state or national. I hereby release the police department and Northstar Church from any liability resulting from such disclosure.

I understand that I may obtain a copy of the report and will be given the opportunity to challenge the accuracy and completeness of this report and obtain a prompt determination as to the validity of the challenge before a final decision is made by Quest of Northstar Church.

Print Name

Date of Birth

Maiden Name (if applicable)

Place of Birth

Social Security Number

Driver's License Number State

Alias (not nicknames)

Current Address Street

City

Zip

Previous Address Street

City

Zip

Today's Date

Signature



Driver's Name (please print): _____ Date of Birth: _____

In order to comply with Ohio law, Northstar (Pathfinders) requires volunteers providing transportation of youth or other program participants to meet the following qualifications:

1. To the best of my knowledge, the vehicle I am driving is in safe mechanical working condition, including but not limited to, legal tread, seat belts for all passengers and driver, operational lights and signals, engine and brake systems in working order. (please circle) **Yes** **No**

Type of Vehicle: _____

Year **Make** **Model**

2. I possess a valid state driver's license. (please attach copy) **State** _____ **License #** _____

3. Liability and no fault insurance are carried on this vehicle with: _____
Insurance Company (please attach copy of insurance card)

I certify that I am currently insured through the above company for automobile liability insurance in an amount in excess of or equal to the minimum required under Ohio State law. I agree not to transport any passengers as part of the volunteer driver program if these minimum liability requirements are not met, or if my vehicle operator's license is not current and/or valid, or if the registration and license of the vehicle(s) I use to transport passengers is not current and/or valid. I agree to keep my vehicle in safe mechanical working condition as long as I am transporting participants.

4. I understand that as a volunteer driver, I am **NOT** covered by Northstar (Pathfinders) automobile insurance. _____(initials)

5. Only adults aged 21 or over may drive passengers for Northstar (Pathfinders).

6. Please answer all questions below. In the past three years (please circle):

1. Have you been at fault for any accidents? **Yes** **No**
2. Have you had any moving traffic violations? **Yes** **No**
3. Have you had any insurance company cancel or refuse to provide you with Auto insurance? **Yes** **No**
4. Have you had your driver's license revoked, suspended, or restricted? **Yes** **No**
5. Have you had any physical impairments other than corrective glasses? **Yes** **No**
6. Have you ever been charged with or convicted of "driving while intoxicated" or "driving under the influence"? **Yes** **No**

If any questions have been answered with "yes", please provide full details on the back of this form: (dates, descriptions, amounts, or other explanation). I affirm that all statements on this form are true and accurate. Further, I authorize Northstar (Pathfinders) to make periodic checks of my driving and criminal record.

Signature

Date