

# IT STARTS WITH YOU (ISWY) MENTOR APPLICATION

## Personal Information:

High School/GED Graduate  Yes  No

Name: \_\_\_\_\_  
                                First  Middle  Last

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Social Security Number: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Address: \_\_\_\_\_  
                                Street  City  State  ZIP

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Method of Contact (Check all that apply): \_\_\_ Phone \_\_\_ Email \_\_\_ Text

Undergraduate College/University: \_\_\_\_\_

Major(s): \_\_\_\_\_

Name of employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title/Responsibilities: \_\_\_\_\_

## Volunteer Information:

1. Write a brief statement on why you have chosen to participate in the ISWY mentor program.

---

---

---

2. What do you feel are the strengths you can bring to this program?

---

---

---

3. Why do you want to become a mentor?

---

---

---

4. Please explain past Volunteer/Mentor Experience.

---

---

---

5. Initial the two statements below:

\_\_\_\_\_ I understand that the mentor program involves spending a minimum of three hours every week with an assigned mentee.

\_\_\_\_\_ I understand that I will be required to complete the mentor program orientation and at least two training sessions during the year.

6.  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? If yes, please explain:

---

---

---

7. What days of the week are you available to volunteer? (Check all that apply):

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

8. What is the best time for you to volunteer? (Check all that apply):

Mornings  Afternoons  Evenings  Weekends

9. Please list any hobbies or interests you may have:

---

---

---

10. Please list four references (please include at least one family member, one personal friend, one work reference, and one professional reference):

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

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

In making this application to be a volunteer, I understand that It Starts With You 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