

MENTOR APPLICATION

Who can be a Mentor? The mentor must be a responsible positive role model, the **same gender** as the student, at least 21 years old and not same household, immediate family

All mentor information will remain confidential. Neither the student nor their parent have to see your application if you don't wish. Your application can be mailed in separate from the student application. Thanks for your consideration

Position Summary

The mentor serves as a role model, friend, an advocate, provides encouragement and instruction to the Student for at least 14 months.

WORKING RELATIONSHIP

There is one Mentor for each student.

DUTIES AND RESPONSIBILITIES OF THE MENTOR

- Commits to spending at least 14 months in contact with the student.
- Cooperates with the Mentor selection process by returning screening materials promptly.
- Mentor will attend **one** training session (one day visit, est. 45mins.-1hr) at Lxdkgg'Ej vtej P qtj 'Nkvg'Tqem Training is a requirement and takes place **after** the student is accepted to the program.
- Maintains consistent contact with the student. A minimum of qpg'dw'tgeqo o gpf gf 'yj tgg """"**contacts** per month
- Observes all Program policies and guidelines. Discloses possible student violations of policy with the Rtqi tco 'F k'gevqt.
- Coordinates the Student's access to other community resources.
- Participates in home visits and relevant J cp'O ct'vkn'Ctw'ctivities.
- Mentor play an important role encouraging the uwf gpvto be placed (military, education, volunteer, ej vtej .work,'gve'0cnd stay on the right path
- Communicates monthly with the Rtqi tco 'F k'gevqt 'yj tqwi j 'O qpy n' 'O ggvkpi 'cpf " """"Rtqi tgu'Tgr qtuo
- Informs of any problems or needs in the Mentor/Student relationship

If you have any questions please, don't hesitate to contact our Mentor Coordinator, 723/698/3555'qt 'j cpo gpvt kpi B i o ck'eqo 0'O cki'Cr r'k'ck'qp vq'Lxdkgg'Ej vtej 'K'vgt'p'v'k'p'cn'CVVP <J cp'O ct'vkn'Ctw'O gpvt 'Rtqi tco '32543'O cwo gng'Drx' P qtj 'Nkvg'Tqem'CT'94335"

All forms must be completed by the Mentor

PLEASE PRINT

Name of Student (legal name) you wish to Mentor _____

Mentor's Name _____ Age _____ Sex _____

Date of Birth _____ Social Security Number _____

Address _____ City _____ Zip Code _____ State _____
(Street) (Apt. #)

Telephone Number: (____) _____ Cell: (____) _____

E-mail Address: _____ Fax # _____

Mailing Address (if different from above) _____

Marital Status _____

Occupation/Employer _____ How Long Employed _____

May we call you at work? _____ Telephone (____) _____

Address _____ City _____ Zip Code _____ State _____
(Street) (Apt. #)

What is your relationship to the uwf gpv?

Why do you want to become a mentor?

Other Volunteer Commitments _____

Please list three references (not relatives):

1. Name _____ Relationship _____
Home Phone _____

2. Name _____ Relationship _____
Home Phone _____

3. Name _____ Relationship _____
Home Phone _____

Mentor Liability Release

I understand and agree that I will be the one actually spending time with my matched student, and that I must exercise care in supervising my student while we are together. I also understand and agree that I am not a J cp'O ctvkn'Ctw program agent, and that J cp'O ctvkn'Ctw does not retain any power to control how these activities are to be conducted in the State.

I therefore agree that J cp'O ctvkn'Ctw will not be liable for, and I agree to hold J cp'O ctvkn'Ctw harmless from any and all liability, causes of action and losses imposed on it in any way relating to or arising out of this mentoring agreement, including, but not limited to; liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or J cp'O ctvkn'Ctw negligence or otherwise.

I further release J cp'O ctvkn'Ctw from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury I might incur while participating in any of the activities contemplated by this mentoring agreement, whether such damage, loss or injury is caused by the negligence of J cp'O ctvkn'Ctw, its officers, agents, employees or otherwise.

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Kcnuq'ci tgg'v'cpf 'y km'cf j gtg'v'vj g'vto u.'r qrelgu.'i wk'gn'p'gu.'cpf 'dqwpf ct'kgu'ug'htvj 'lp'vj g'J cp'O ctvkn'Ctw'O gpvqt 'Rtqi tco 'vtcl'p'pi 0Ky km'eqpf vev'o gg'v'pi u'y kj 'o { 'uwf gp'v'wpf gt'ngi cni wctf kcp'eqpugpv'lp' r wdne'xgpwgu=cpf 'pgxgt'cmjy 'c'r qukkp'qt'qr r qtwwv' 'hqt'gxgp'r gtegxgf 'ko r tqr t'kgv'0

By signing below, I certify that I will promptly report any changes in my address, phone number, a coverage or status of my driver's license.

THIS INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Mentor's Signature

Date

**Authorization for Release of Confidential Information
Contained Within the**

Arkansas Child Maltreatment Central Registry – MENTOR APPLICATION

I hereby request that the Arkansas Child Abuse & Neglect Central Registry release any information their files may contain indicating the undersigned applicant as an alleged perpetrator of suspected child maltreatment. This information should be addressed to:

J CP 'OCTVKCN'CTVU'OGP VQT&I 'RTQI TCO

"32543'O CWO GNNG'DNXF 0P QTVJ 'NK/VNG'TQEM'CT'94335

Do Not Fax! Must Have Original!

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

<hr/> Applicant's Name (Print clearly) <hr/>	<hr/> Social Security Number <hr/>
Telephone: Home _____	*****Work: _____
<hr/> Maiden Name/Aliases <hr/>	<hr/> Full Name/DOB Children <hr/>
<hr/> Race Age/DOB <hr/>	<hr/> Full Name/DOB Children <hr/>
Current Address: _____ _____	<hr/> Full Name/DOB Children <hr/>
from _____ to _____	<hr/> _____ _____
Past Addresses: _____ _____	<hr/> Full Name/DOB Children <hr/>
from _____ to _____	<hr/> Full Name/DOB Children <hr/>
_____ _____	<hr/> _____ _____
from _____ to _____	<hr/> from _____ to _____ _____

Applicant's Signature

COUNTY OF _____
STATE OF ARKANSAS
Acknowledged before me this _____ day of _____,
My commission expires:

Notary Public

*****J CP'O CTVKCN'CTVUO GPVQTPI 'RTQI TCO
 32543'O CWO GNNG'DNXF 'P QTVJ 'NK'VNG'TQEM'CT'94335
 *******MENTOR APPLICATION**
 *******CRIMINAL RECORD CHECK**

I the undersigned, hereby give my consent for the Arkansas State Police to conduct the required
 criminal record check(s) on myself and release any results to the J cp'O ctvkcn'ctu'O gpvqt'rtqi tco .
 Providing false information on this form is a violation of Arkansas Law and is punishable as set
 forth in Arkansas Code 5-53-103.

This information is necessary to assist in determining my qualifications and suitability for the
 position I am seeking with J cp'O ctvkcn'ctu. I fully understand that the information collected
 may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability. I
 hereby release J cp'O ctvkcn'ctu and its agents from the liability and damage that may result
 from the exchange of requested information between law enforcement departments and J cp'
 O ctvkcn'ctu

LAST NAME	FIRST	MIDDLE	MAIDEN
DATE OF BIRTH	SEX	RACE	SOCIAL SECURITY #
DRIVER'S LICENSE #	STATE OF ISSUE		
MAILING ADDRESS	CITY	STATE	ZIP CODE

STATEMENT OF OATH:
 I STATE ON OATH THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND
 CORRECT.

SIGNATURE OF APPLICANT	DATE "
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STATE OF ARKANSAS
 COUNTY OF _____

SWORN AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC IN AND FOR THE
 COUNTY AND STATE AFORESAID, THIS THE _____ DAY OF _____

My commission expires: _____ Notary Public _____

HAN MARTIAL ARTS MENTORING PROGRAM
MENTOR SPIRITUAL ASSESSMENT SURVEY

How long have you been a Christian? _____

Where do you regularly attend church? _____

May we contact your Pastor? YES _____ NO _____

Do you serve in your church or other community organizations or programs?

Do you have any ministry background or experience? If so, explain: _____

Describe your relationship with Christ and how your Christian experience has impacted your life:

Do you have any addictions or habits that you believe may inhibit or affect your ability to serve as Christian role model? If yes, explain:

What do you believe God has given you to impart into the life of another?

Additional Comments: