

**ROTARY CLUB OF NORTH MANCHESTER  
MENTOR APPLICATION**



**Personal Information:**

Name \_\_\_\_\_ Gender  Male  Female  
                                First                                Middle                                Last

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

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Name/address of employer \_\_\_\_\_

Work phone \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_

**Volunteer Information:**

1. Indicate your grade preference:  Jr. High/Middle School  
   High School

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

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

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4. Initial the two statements below:

I understand that the mentor program involves spending a minimum of one half hour every week for the academic year at a school with an assigned student.

I understand that I will be required to complete at least one Mentoring Central training session each the year.

5.  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?

6.  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?

7. If the answer is YES to questions 5 or 6, please explain below

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8. Educational Background (mark one):

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|---|---|
| <input type="checkbox"/> Some high school             | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> High school graduate         | <input type="checkbox"/> Technical school             |
| <input type="checkbox"/> Some college                 | <input type="checkbox"/> College graduate             |
| <input type="checkbox"/> Other (please specify) _____ |   |

9. Why do you want to become a mentor? \_\_\_\_\_

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

- Monday  Tuesday  Wednesday  Thursday  Friday

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

- Before school (7:3-8 a.m.)  During school (11-11:30 a.m.)  After school (3:25-4 p.m.)

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

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone number \_\_\_\_\_ Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_

References Continued:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone number \_\_\_\_\_ Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone number \_\_\_\_\_ Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone number \_\_\_\_\_ Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_

**Optional Information:**

1. Do you speak a foreign language? \_\_\_\_\_ If yes, please specify \_\_\_\_\_

2. Please list any hobbies or interests you may have \_\_\_\_\_

3. What clubs or groups, if any, do you belong to? \_\_\_\_\_

4. My favorite subject in school was \_\_\_\_\_

5. My least favorite subject in school was \_\_\_\_\_

6. Please put an X by the activities you enjoy the most:

- Playing sports such as \_\_\_\_\_
- Watching sports such as \_\_\_\_\_
- Listening to music such as \_\_\_\_\_
- Writing
- Reading
- Photography
- Attending plays
- Going to the movies
- Arts and crafts
- Visiting zoos and parks
- Visiting museums
- Using computers
- Playing games
- Cooking
- Exploring possible careers
- Hiking and seeing nature
- Other \_\_\_\_\_

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Adapted from materials provided by Mentoring Partnership of Long Island, *The ABC's of Mentoring*, and California Governor's Mentoring Partnership.

**Information Needed for Background Check:**

- 1. Social Security number \_\_\_\_\_
- 2. Driver license number \_\_\_\_\_
- 3. Birth date \_\_\_\_\_

In making this application to be a volunteer, I understand that the Rotary Club of North Manchester Mentoring Program 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.

All SS#'s will only be used to conduct a background check, will be secured, and viewed only by those who process the background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail the completed form to: Mark Eastway  
306 E 2<sup>nd</sup> St.  
North Manchester, IN 46962

Or email the form to: [markeastway@gmail.com](mailto:markeastway@gmail.com)

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