



Mr. and Ms. Mentoring

Mentor Application

Please submit your application to application@mrandsmentoring.org

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|-----------------------------|
| Full Name: |
| Date of Birth: |
| Email Address: |
| Phone Number: |
| Volunteer hours # per week: |
| Reliable transportation: |
| Hobbies: |
| General Health: |

Mentoring is a special partnership as well a commitment between you and the youth. During your time with the youth, the program expects mentors to:

1. Help Youth develop their mental health awareness
2. Provide a positive & structured support.
3. Advocate for the youth in education and community resources
4. Engage in strengthening family dynamics
5. Inspire personal growth & self confidence
6. Assist in short term/ long term goals.

Compatibility

1. Why do you want to be a mentor? What can a mentor learn from you?
2. What is your involvement in the community?
3. What are your strengths & Weakness's
4. What Degree are you pursuing/ and or Achieved?
5. Are you employed? If so (History - last 3)
6. What makes you Unique?
7. What is your perspective on at risk Youth? (Detail)
8. Do you want to be involved in group activities?
9. What is your knowledge in Mental Health?
10. Have you had any traumatic experiences? If so, how did you recover?
11. Do you have any criminal history (felonies or misdemeanors)?
12. Have you had any issues with drugs or substances?
13. Miscellaneous (NEED TO KNOW)
14. Other ?