



Mentor Application

All Information Treated with
Complete Confidentiality

Date _____

Full Name (Please Print) _____ Date of Birth _____ Ethnicity _____ SS# _____

Home Address _____ City _____ Zip _____ Home # / Cell # _____

Employer _____ Work Address _____ Work Phone _____

Position _____ Supervisor _____ Yes No
Tribe Member? (Please Check) _____ (Please Identify Tribe) _____

Marital status _____ Spouse's name _____ Spouse's work phone _____

E-mail Address _____

Emergency contact name _____ Phone _____ Other Message Phone _____

What is your previous experience working with children or youth? _____

What age group would you like to work with? _____

How long are you willing to commit to being a mentor? 1 year More _____

Have you ever been involved, investigated, arrested and/or convicted of child abuse, neglect or sexual molestation of a minor? Yes ___ No ___ If yes, when and please explain: _____

Do you have a Fingerprint Clearance Card? Yes ___ No ___

I understand that I will be required to attend a mandatory orientation and a mandatory training provided by StrengthBuilding Partners. I also know that I will be required to maintain contact with the coordinator of the program and that StrengthBuilding Partners will provide ongoing support while I am a mentor in the Mentoring Program. **I also agree to keep all matters confidential concerning the children, families and location with whom I work.**

I certify to the best of my ability that the information provided on the application to volunteer as a mentor is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent volunteer information forms, is grounds for rejecting me as a volunteer or dismissal.

Signature _____

Date _____

PLEASE RETURN COMPLETED APPLICATION TO :
StrengthBuilding Partners
P.O. Box 91313
Tucson, AZ 85752

OR call: Marie Stickford at 520-404-6275, Olivia Gaxiola at 520-591-0707