



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 Identify Tribe)
(Please Check)

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