



**Culpeper Youth Mentoring  
Program**

**Healthy Culpeper**  
**763 Madison Road – Suite 208**  
**Culpeper, VA 22701**  
Program Coordinator-Denise Walker  
(540) 829-2065 ext. 313  
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## Mentor Volunteer Application

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_  
Home Email: \_\_\_\_\_ Pager: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Spouse: \_\_\_\_\_  
# of Children: \_\_\_\_\_ Children Ages: \_\_\_\_\_  
Children Names: \_\_\_\_\_  
Other Household Member Names and Relationships: \_\_\_\_\_

Do you have any health problems or physical limitations that would prevent you from performing the Mentor position for which you are applying? \_\_\_No \_\_\_Yes

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

When is a good time to reach you? \_\_\_\_\_

Do you have your own transportation? \_\_\_Yes \_\_\_No If No, do you have access to transportation? \_\_\_\_\_

Organizations to which you belong: \_\_\_\_\_

Last three addresses at which you have lived: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Special interests and hobbies: \_\_\_\_\_

How much time will you be able to give on a consistent basis? \_\_\_\_\_

Do you have any special training, skills, interests or experience that you feel would help you when working one on one with a child or that you would share with a child?  
\_\_\_\_\_

Do you feel you work best with any particular age of children? \_\_\_\_\_

Are there any concerns you have about volunteering as a mentor that may inhibit developing a relationship with a child? \_\_\_\_\_

Have you ever been charged with or convicted of a crime, including traffic offenses? If so, please explain. \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **PROFESSIONAL INFORMATION**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor's Name/Phone: \_\_\_\_\_

May we send a reference to your supervisor? \_\_\_\_\_

List other employers:

1. Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Education Information: Circle highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Major: \_\_\_\_\_

Grad School: 1 2 3 4 Major: \_\_\_\_\_

Other Education/Training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OTHER INFORMATION

1. Please list three character references not related to and/or living with you (references must have known you for at least one year):
  - A. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  - B. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  - C. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
2. Have you ever had any mentor experience? \_\_\_ Yes \_\_\_ No  
If Yes, please list the agency so that it may be used as an additional reference:  
Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Why would you like to become a Mentor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. I \_\_\_do \_\_\_do not authorize Culpeper Youth Mentoring Program to give my name/address/home & work numbers to other CYMP mentors.
5. I hereby authorize Culpeper Youth Mentoring Program to conduct a criminal record, driver's license and/or other checks as may deemed appropriate.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# *Culpeper Youth Mentoring Program*

## **MENTOR CONTRACT**

I, \_\_\_\_\_, the mentor, commit to this mentoring relationship with the Culpeper Youth Mentoring Program. I agree to commit to the following:

To maintain this mentor relationship for the agreed upon period of time: beginning \_\_\_/\_\_\_/\_\_\_\_\_ and ending \_\_\_/\_\_\_/\_\_\_\_\_, at which time, we can choose to renew this contract and continue this relationship.

To maintain a consistent schedule for meeting with my mentee. We agree to contact on a weekly basis.

To attend available trainings and orientations provided by this agency or other related agencies.

To utilize the agency and the community resources in order to best serve my mentee.

To abide by agency guidelines for mentoring relationships, including upholding the agency confidentiality guidelines for information learned.

By signing below, I accept the above guidelines.

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***MENTOR SIGNATURE***

# *Culpeper Youth Mentoring Program*

## **MENTOR AGREEMENT**

Please carefully read and initial each of the following:

\_\_\_\_\_ I acknowledge that I have read and understand the information packet included with this information packet.

\_\_\_\_\_ I understand that as part of the process of selecting members, an interview and home visit will be required.

\_\_\_\_\_ I understand that I will be required to complete the mentor program orientation and initial training sessions which will cover such areas as: mentoring skills, expectations, and communication skills.

\_\_\_\_\_ I understand that the mentoring program involves spending a minimum of one hour a week, and a commitment of one year.

\_\_\_\_\_ I understand that CYMP will be checking with appropriate authorities: Department of Social Services Child Abuse and Neglect Central Registry, Virginia State Police Criminal History Records, Department of Motor Vehicles, for matters of public record regarding my background or history.

\_\_\_\_\_ I agree to contact CYMP if any critical information (i.e., driver's license revocation, DUI's, criminal charges and/or convictions) occurs after I have become part of the Culpeper Youth Mentoring Program.

\_\_\_\_\_ I understand that personal liability is my total responsibility. CYMP is hereby released from responsibility and are not to be held liable in case of accident or injury during CYMP activities.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_