



Real Connections

Mentor Application

Date of Application _____

Name of Applicant _____ Date of birth _____

Maiden Name or other given names(required for clearances) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

E-mail address _____

Work Name & Address _____

Job Title _____

Race/Ethnicity _____

Days and times available: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Sat. _____ Sun. _____

Have you ever worked with teenagers before? Yes No If yes, in what capacity? _____

Please briefly explain why you would like to become a mentor: _____

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Preferences/Matching information:

Gender preference: Boy Girl No preference

The age range of youth is 12-21

Age preference

Yes Age _____ No preference

Preferred city or town _____

Willing to travel up to _____ miles.

Willing to transport youth?

Yes No

Able to provide proof of car insurance?

Yes No

Would you consider a match with a youth of a different race or culture than your own?

Yes No

Would you consider a match with a youth who may be gay, lesbian, bi-sexual, transgender or questioning?

Yes No

Would you consider a match with a youth who may have committed a criminal offense?

Yes No Not Sure

Would you consider a match with a youth who may have a history of committing a sexual offense, but is in treatment?

Yes No Not Sure

Would you consider a match with a youth who has developmental delays or disabilities?

Yes No Not Sure

Would you consider a match with a youth who is currently involved in counseling?

Yes No Not Sure

Would you consider a match with a youth who may need psychiatric hospitalization at some stage in his/her life?

Yes No Not Sure

Long-term goal

Mentoring only (one hour per week for minimum of one year)

Becoming a foster parent

Becoming an adoptive parent

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Personal Information:

I would describe myself as:

___ talkative ___ quiet ___ energetic ___ laid back
___ funny ___ serious ___ outgoing ___ aggressive

What languages do you speak? _____

Religious Affiliation (optional) _____

Preferred Match Activities:

Passive activities (i.e. meeting at a library, café, museum, watching movies, etc...)

Active activities (i.e. sports, walking, outdoor activities, shopping, etc...)

What do you like to do most in your free time? (Please check all that apply and give examples of your favorites).

___ watch movies
 what kind/specifcs _____

___ go to the arcade/play video games _____

___ listen to music
 what kind/specifcs _____

___ read
 what kind/specifcs _____

___ play sports
 what kind/specifcs _____

___ watch sports
 favorite teams _____

___ watch TV
 which shows _____

___ shop

___ other (anything other hobbies or interests) _____

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Preferred Goal Focus:

- Education (help youth study or work on school projects)
- Vocation (help youth with resume or job searches)
- Housing (help youth prepare to live independently; apartment search, turning on utilities, etc.)
- Other life skills areas (teaching a youth to cook, open bank account, basic house maintenance, etc.)

Relevant Expertise:

Educational Background: Name of school and area of study (if applicable)

High school _____

College _____

Graduate School _____

Post-Grad _____

If currently employed:

Job title _____

Job description _____

Description of career background and skills _____

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History

Have you ever been arrested?

If yes, please explain.

Have you ever sought counseling or psychological treatment of any type?

If yes, please explain.

Have you ever had problems with the use of alcohol or drugs?

If yes, please explain.

Do you have any major illness/medical problems?

If yes, please explain.

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INTRODUCTION

Please write a little bit about yourself. Write as much as you want or as little as you want, but be sure to include only those things about yourself that you want your youth to know.

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This program encourages other members in your household to have background checks so that if the opportunity may arise to have your youth visit with you at home, you will already have the clearances in place.

Other household members:	DOB:

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References

Personal References: Please list three references, people you have known for more than 2 years. **We will send them a brief letter asking them about your ability to mentor a child/youth in foster care. Please provide COMPLETE addresses for all references.**

Name _____ Phone _____

Address _____ Zip Code _____

Relationship _____

Name _____ Phone _____

Address _____ Zip Code _____

Relationship _____

Name _____ Phone _____

Address _____ Zip Code _____

Relationship _____

REAL CONNECTIONS

Please Read Before Signing:

Real Connections does not discriminate according to race, religion, disability, sexual preference or economic status.

I hereby apply for membership as a volunteer in Real Connections. I understand that Real Connections will interview me about my background, motivation, expectations, and other personal qualities that might have bearing on whether I would be an appropriate volunteer. I agree to supply Real Connections with proof of my automobile insurance and disclose any issues if any on my driving record. I further agree to undergo a fingerprint check so that Real Connections can do a criminal background check. I understand that Real Connections will review references and will investigate any and all facts concerning my qualifications for becoming a volunteer. I certify that all the information provided by me in this application is complete, true, and accurate. I acknowledge that intentional omission or falsification of information will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

I understand that Real Connections has to take the best interests of the youth into consideration first. Further, I understand that I am not obligated, if called upon, to perform the volunteer services applied for and Real Connections is not obligated to assign or to actively seek to assign me to a volunteer position.

I understand that the statements I make to the staff of Real Connections will be held confidential within the agency, unless disclosure is required by law. Specifically, I understand that incidents of child abuse or molest, past or present, or threat of harm to oneself or others are issues that must be reported to proper authorities.

I understand that certain information will be discussed with DCYF and/or the parent/guardian of the youth with whom I am matched. If there are things about me that I do not want repeated, it is my responsibility to discuss this with Real Connections staff.

I agree to keep information discussed with me regarding a potential match confidential. I will not discuss this information with any person other than the assigned professional staff of Real Connections.

I understand that my application will not be considered unless it is complete and signed and until the required supplemental information is submitted and completed.

I agree to notify Real Connections immediately of any changes in the information provided in the application process including, but not limited to legal status, driving record, job change, address change, telephone, name change, or marital status. I also agree to maintain automobile insurance during my tenure with Real Connections.

This application and any additional information gathered will remain the property of Real Connections.

Applicants signature _____ Date _____