

Date:

MENTOR APPLICATION

Thank you for your interest in our Mentoring Program. Please read through this document carefully prior to completing it and contact us at (702) 657-3264, if you have any questions. Core, powered by The Rogers Foundation, will be referred to as "Core" throughout the rest of this documentation.

Have you ever been employed by Core? YES NO

You must be eligible for rehire to become a volunteer.

APPLICANT INFORMATION

Last Name:	First Name:	M.I.			
<hr style="border-top: 1px dashed #ccc;"/>					
Street Address:	Apt/Unit:				
City:	State:	ZIP Code:			
<hr style="border-top: 1px dashed #ccc;"/>					
Home Phone:	Work Phone:				
Email:	Date of Birth:				
Date Available:	Gender:				
<hr style="border-top: 1px dashed #ccc;"/>					
Can you commit to participating in the Core Mentoring Program for a minimum of one (1) year from the time you are matched with a student?	YES	NO	Are you available to meet with a student at least four (4) hours per month and have contact at least twice per month?	YES	NO
<hr style="border-top: 1px dashed #ccc;"/>					
Have you ever volunteered with Core?	YES	NO	If so, when?		
<hr style="border-top: 1px dashed #ccc;"/>					
Days/times you would be most available to meet with a student:	<i>Please include any specific scheduling issues below</i>				

EDUCATION

High School:	City / State:	
From:	To:	Did you graduate? YES NO
<hr style="border-top: 1px dashed #ccc;"/>		
College:	City / State:	
From:	To:	Did you graduate? YES NO
<hr style="border-top: 1px dashed #ccc;"/>		
Other:	City / State:	
From:	To:	Did you graduate? YES NO N/A



EMPLOYMENT

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

From: _____ To: _____ May we contact your supervisor for a reference? YES NO

Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

From: _____ To: _____ May we contact your supervisor for a reference? YES NO

Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

From: _____ To: _____ May we contact your supervisor for a reference? YES NO

Reason for Leaving: _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____



APPLICATION QUESTIONS

- | | | | |
|-------|---|-----|----|
| 1. | Have you ever been convicted of a felony? If so, what were the circumstances? | YES | NO |
| <hr/> | | | |
| 2. | Have you ever been arrested or convicted of a misdemeanor? If so, what were the circumstances? | YES | NO |
| <hr/> | | | |
| 3. | Have you ever been convicted of a DUI/DWI, driving while under the influence of alcohol or other substance? If yes, when and what were the circumstances? | YES | NO |
| <hr/> | | | |
| 4. | Have you ever received treatment for alcohol or substance abuse? If yes, please explain. | YES | NO |
| <hr/> | | | |
| 5. | Have you ever been investigated for or convicted of sexual abuse? If yes, please explain. | YES | NO |
| <hr/> | | | |
| 6. | Are you willing to communicate regularly and openly with programming staff, provide monthly/quarterly information regarding mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program? | YES | NO |
| <hr/> | | | |
| 7. | Are you willing to attend an initial mentor training session and additional training as prescribed by the Core staff? | YES | NO |
| <hr/> | | | |
| 8. | Do you have any previous experience volunteering or working with youth? If so, please specify. | YES | NO |



9. Why are you interested in being a mentor to one of the scholars at Core?

10. What qualities, skills, or attributes do you have that you feel would benefit a student, and make you a good fit for the Core Mentoring Program?

11. How would you describe yourself as a person?

12. Are you interested in receiving updates and participating in Core volunteer opportunities outside of the mentorship program? YES NO



APPLICANT BIO

1. What are your favorite foods and snacks?
.....
2. What is your favorite genre of music? What artists do you listen to?
.....
3. What is your favorite genre of movies and TV shows? What are the top movies and shows that you've watched?
.....
4. What is your favorite genre of books? What are the top books that you've read?
.....
5. What was your favorite subject when you were in school?
.....
6. What do you like to do in your spare time?
.....
7. Who do you consider as your role model and why?
.....



8. If you could travel anywhere in the world, where would you go and why?

9. If a genie could grant you three wishes, what would you wish for?

10. What advice would you give to your 13-year-old-self?

11. Is there anything else we should know about you before considering you for the mentorship program?



PERSONAL REFERENCES

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information the Core Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: _____ Relationship: _____
Street Address: _____ Apt/Unit: _____
City: _____ State: _____ ZIP Code: _____
Home Phone: _____ How long known: _____
Email: _____

Name: _____ Relationship: _____
Street Address: _____ Apt/Unit: _____
City: _____ State: _____ ZIP Code: _____
Home Phone: _____ How long known: _____
Email: _____

Name: _____ Relationship: _____
Street Address: _____ Apt/Unit: _____
City: _____ State: _____ ZIP Code: _____
Home Phone: _____ How long known: _____
Email: _____



INFORMATION RELEASE

I, _____, understand it will be necessary for the Core Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Core to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for Core to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself may be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful mentoring relationship.

Full Name:

Street Address:

Apt/Unit:

City:

State:

ZIP Code:

Date of Birth: / /

Social Security Number: - -

Current Driver's License No.

State:

Please list any other cities, states, and dates of residency during the past 10 years.

City	State	From (m/year)	To (m/year)
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Signature:

Date:

VOLUNTEER CHAPERONE / DRIVER FORM

Core often needs help for transporting scholars, both to and from programming or for special program events. The purpose of this form is to reduce liability of Core, and volunteer drivers by being proactive in our selection of volunteers. Please note that you will be required to submit a copy of your driver's license, and your current vehicle insurance card.

These records must be updated annually. **NOTE: Applications cannot be accepted from anyone who has been convicted for: DWI/DUI of alcohol or drugs, suspended/revoked license for any moving violation, hit and run, eluding an officer, reckless or negligent operation of a vehicle.**

SECTION 1: VOLUNTEER CHAPERONE / DRIVER INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____ Apt/Unit: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____

Email: _____ Date of Birth: _____

Driver's License #: _____ Expiration Date: _____

Car Make/Model: _____ Vehicle License #: _____

Number of working seatbelts in the car: _____ Number of passengers that can be seated: _____

Have you ever been convicted of a felony? If so, what were the circumstances? YES NO
 Have you ever been in an accident in the last three years? If YES, please describe the accident and its cause on another sheet of paper and attach to this form.

Have you been ticketed for moving violations within the last three years? If you answered YES, please describe the infractions on another sheet of paper and attach it to this form. YES NO

Have you ever been convicted for DWI/DUI of alcohol or drugs, or had your license been suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving under suspension or revocation? (Please note that Core will not be able to use volunteers with a "yes" answer to this question.) YES NO

SECTION 2: REQUIREMENT FOR VOLUNTEER CHAPERONE / DRIVER

I certify that I possess a valid driver's license from the state of _____, and I am at least 18 years of age.

CONTINUED »



VOLUNTEER CHAPERONE / DRIVER FORM

(CONT.) SECTION 2: REQUIREMENT FOR VOLUNTEER CHAPERONE / DRIVER

I will contact my insurance agents to ascertain if there are any liability policy limits or exclusions regarding transporting other students or faculty members on a field trip that might affect my ability to meet the qualifications for a volunteer driver.

I will advise Core of any change in information provided on this form including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, non-renewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change of vehicle.

To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.)

I will notify Core if I no longer wish to drive or if I wish to be removed from the list of approved drivers.

Students riding in my vehicle(s) will be seated and secured with individual working seatbelts.

I have read and will follow the Volunteer Chaperone / Driver Guidelines included in this application.

SECTION 3: DECLARATION AND SIGNATURE

I affirm that I will carefully transport students under my care, obeying all traffic laws and volunteer chaperone / driver guidelines. The information given on this form is true and correct to the best of my knowledge.

Signature:

Date:



VOLUNTEER CHAPERONE / DRIVER GUIDELINES

All volunteers are expected to follow directions and work cooperatively Core staff members supervising the trip.

All volunteers are expected to act as role models for our scholars. Please set an example by demonstrating maturity in behavior, attitude, and dress.

Core staff members supervising the trip will make vehicle assignments and seating arrangements for the scholars.

Please arrive at the pick-up location at least ten minutes before departure to ensure that transportation is on schedule.

Make sure you understand the assigned route before the trip. A map and/or directions can be provided by the Core staff. Please stick to the assigned route to and from the field trip.

Seatbelts must be worn at all times by all passengers, including yourself.

Please have your cell phone with you for the duration of the trip in case of emergency. Cell phone use while driving should be kept to a minimum. If a cell phone must be used while driving, the phone must be used in a "hands free" mode via headset or speaker. Texting while driving is prohibited.

Please maintain legal and reasonable speed limits in regard to weather, visibility, traffic, roadway characteristics, intersections, city or highway, type of vehicle and other conditions that may exist.

Please exchange contact information with Core staff members supervising the trip. If you experience car trouble, become lost, or someone has become ill or injured, call a staff member immediately.

It should be made a priority to remain with the scholars for whom they are responsible unless instructed otherwise by a Core staff member. Know how many scholars are in your group, and be sure all are present before moving on to another destination.

Do not allow inappropriate, disrespectful, dangerous, or potentially dangerous behavior from our scholars. If you are having difficulties, please report the problem immediately to a supervising Core staff member.

If you have any questions or concerns about the field trip, expectations, or the students, please ask for assistance from Core staff members supervising the trip.



DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my participation in the Core Mentoring Program, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

WAYS TO SUBMIT YOUR APPLICATION:

Please note that applications will not be considered until all paperwork has been received.

Option 1: Return your completed application and all of the items listed above to:
Core
701 S. 9th Street, Las Vegas, NV 89101

Option 2: Scan your completed application and all of the items listed above, and submit them as attachments in an email to jennifer@corewecan.org.