



[www.hhsvolunteers.org](http://www.hhsvolunteers.org)

500 W. Fifth St. Appleton WI 54911  
920.832.5961

### MENTOR APPLICATION

Thank you for your interest in becoming a mentor. The Outagamie County Mentoring Program provides a shared opportunity for learning and growth. In fact, many mentors say they are surprised and grateful for the experience, because it is more rewarding than they imagined. We look forward to working with you and introducing you to your mentee.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F Marital Status \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ \*I will be living in the area for at least 6 months \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_ Email \_\_\_\_\_

Race \_\_\_\_\_ African American \_\_\_\_\_ Native American \_\_\_\_\_ Hispanic/Latino  
\_\_\_\_\_ Asian \_\_\_\_\_ Caucasian \_\_\_\_\_ Other \_\_\_\_\_

**Please enter your children's information below:**

NAME	D.O.B.	Gender	Residing with you
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please list the name(s) of other members of your household and their relation to you:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

**Employment Information**

Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Length at Position \_\_\_\_\_  
Hours of Work \_\_\_\_\_ Work phone \_\_\_\_\_  
Work Email \_\_\_\_\_ May we contact you here?  yes  no

**List any experiences working or volunteering with youth:**

<u>Agency/Program</u>	<u>Date</u>	<u>Phone/Email</u>

May we contact the above agencies?  yes  no

**Education**

High School \_\_\_\_\_ Received Diploma  yes  no

College or Technical school \_\_\_\_\_

Year Graduated \_\_\_\_\_ Degree/Major \_\_\_\_\_

Post-Graduate school \_\_\_\_\_ Degree earned \_\_\_\_\_

**Vehicle Information**

Do you hold a valid WI Drivers License?  yes  no

**\*PROVIDE A COPY OF YOUR PROOF OF INSURANCE CARD WITH THIS APPLICATION\***

**Please complete the questions below:**

**How did you hear about our program?**

**What motivated you to inquire specifically about our mentoring program?**

**Why do you want to mentor a child/teen in our program?**

**Do you have any physical, mental or medical conditions, which might affect the type of contacts or the frequency with a youth?**

**Please list three references we may contact (limit to *ONE* relative)**

NAME	ADDRESS Street, City, State, Zip code	PHONE #	EMAIL ADDRESS
1.			
2.			
3.			

**In completing this questionnaire, I understand there is no commitment to the agency that a youth will be matched with me. I also understand that the agency is free to consult persons or agencies named herein. I hereby grant my permission to Outagamie County Department of Health and Human Services or their designee, to obtain references, criminal records, DMV records, child welfare records and any other records necessary to process my volunteer application.**

**I understand that the falsification of any information in this application constitutes grounds for rejection or termination from this department's volunteer programs.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Return To: The Outagamie County Mentoring Program 500 W. Fifth St. Appleton WI 54911**

**Email: [hhsmentors@outagamie.org](mailto:hhsmentors@outagamie.org) Fax: 920-832-5401**

**\*PLEASE MAKE SURE YOU HAVE INCLUDED:**

- Records Check (separate document)**
- Wisconsin Background Information Disclosure form (separate document)**
- Copy of proof of automobile insurance card**