



## MENTOR APPLICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender F \_\_\_ M \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Alternate Contact \_\_\_\_\_

Age: \_\_\_\_\_ DOB \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Previous names used, if any: \_\_\_\_\_

Children: _____	Age: _____
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Address/Residence in the last 5 years: _____ _____
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<b>Education:</b>	
<b>High School:</b> _____	<b>City/State:</b> _____
<b>Dates Attended:</b> _____	<b>Graduated</b> _____
<b>Post High School:</b> _____	<b>Major(s):</b> _____
<b>Education:</b>	

<b>Military Service:</b> _____	<b>Branch:</b> _____	<b>Date(s)</b> _____
<b>Type of Discharge:</b> _____		

Are you fluent in any other languages other than English? Y \_\_\_ N \_\_\_

Other Language(s) Spoken \_\_\_\_\_

### Personal History/Background

<b>Present Occupation:</b>	
<b>Title/Position:</b> _____	<b>Employer:</b> _____

<b>Address:</b>	<b>Phone:</b>
<b>Supervisor:</b>	<b>May we contact your job? Yes/ No</b>

<b>Previous Employers:</b>	
<b>Title/Position:</b>	<b>Employer:</b>
<b>Position:</b>	<b>Employer:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Supervisor:</b>	<b>May we contact this person? Yes/ No</b>

**Have you ever been investigated and or charged with child abuse or neglect/Crimes against children? If yes, please explain:**

**Have you ever been charged or investigated with assault? If yes, please explain.**

**Have you ever been treated for a nervous or mental illness and are on any medication? If yes, please explain in detail.**

**Reference(s): Please list three (3) references who you have known at least 1 year. Relatives/family members cannot be used.**

<b>Name:</b>	<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone(s)/Cell:</b>		<b>Email:</b>		

<b>Name:</b>	<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone(s)/Cell:</b>		<b>Email:</b>		
<b>Name:</b>	<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone(s)/Cell:</b>		<b>Email:</b>		

**I, the undersigned, authorize the staff, administrators or representatives of Jeremiah's Promise to verify the information on this form. Jeremiah's Promise representatives may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability for a Mentor role with Jeremiah's Promise. I verify that the above information is completely true.**

**Signature \_\_\_\_\_**

**Date\_\_\_\_\_**

**Completed applications may be returned to Jeremiah's Promise via fax: 650.967.3752 or by email:  
info@jeremiahspromise.org**