



Of  
**P.A.T.H. (People Attempting To Help)**

MENTOR APPLICATION

**General Information**     *Please print (in ink) or type. All information is confidential.*

Today's Date: \_\_\_\_\_ Date you can begin volunteering? \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

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

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DL (Drivers License) # \_\_\_\_\_ Social Security # \_\_\_\_\_**  
**Both numbers are confidential. This information is needed for background checks ONLY**

**Home Information**

Home Address: \_\_\_\_\_  
*Street City State Zip County*

Mail Address: (if different than above) \_\_\_\_\_

**Please list all members of your household:**

<b>Name</b>	<b>Gender &amp; Age</b>	<b>Relationship to Applicant</b>



**AUTHORIZATION FOR REFERENCE CHECK**

I, \_\_\_\_\_ do hereby authorize any listed references to furnish Kid Reach of PATH with any information they may have concerning me and do hereby release such individuals and Kid Reach of PATH from all liability for any damage whatsoever for issuing such information.

**TRANSPORTATION RELEASE**

I, \_\_\_\_\_ will not hold persons connected with Kid Reach of PATH, or the organization itself, liable for any injury received by me while transporting, being transported, or while engaged in any planned activities of Kid Reach of PATH.

**PHOTO AND PRESS RELEASE**

I, \_\_\_\_\_, do hereby give Kid Reach their assigns, licenses and legal representative the irrevocable right to use my name, picture, portrait, photograph, and visual likeness in all forms and media in all manners, including photo, film, audio and video presentations for nonprofit, public purposes, and I waive any right to inspect or approve the finished product that may be created in connection therewith. I have read this release and I am fully familiar with its contents.

\_\_\_\_\_ No, please do not use my photograph for the purposes of publicity or recruitment efforts for Kid Reach of PATH.

**Background and Screening Procedures, Transportation Release, Media Release, and Reference Checks; I have read and understand the above policies and I agree to program participation under the conditions it sets forth.**

**ACKNOWLEDGEMENT**

I understand that any misrepresentation of the information stated above could result in my immediate dismissal as a volunteer of Kid Reach.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Legal Record**

*Please list any arrests, convictions, allegations of child abuse or neglect and recent traffic violations.*

Arrest/Violation Date	Charge	Disposition/Result

### **Client/Grievance Procedures**

In the case of any client grievance, the client is asked to first discuss their complaint with the Kid Reach Program Coordinator, if the client feels the Program Coordinator is not responsive to his/her complaint, they may contact the Executive Director/CEO with the matter.

### **Application Questions**

Please answer all of the following questions as completely as possible. If more space is needed, please use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a Mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel that you possess that would benefit a child?
4. Can you commit to participate in the PATH Kid Reach Mentoring Program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet a child for 4 hours per month/1 hour per week depending on the program that you select? Please explain any particular scheduling issues.
6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
7. How would you describe yourself as a person?
8. What words would friends, family, and co-workers use to describe you?

9. Have you ever been arrested or convicted of a crime? If so, please specify.
  
10. Have you ever been convicted of a DWI or DUI-driving while under the influence of alcohol? If yes, when and what were the circumstances.
  
11. Do you use tobacco products? If so, how often?
  
12. Have you ever been treated or hospitalized for a mental disorder or substance abuse? If yes, please explain.
  
13. Have you ever been investigated by CPS or convicted of child abuse or neglect? If yes, please explain.
  
14. Are you willing to communicate regularly and openly with the Kid Reach Staff to provide monthly information regarding your mentoring activities?
  
15. Are you willing to attend an initial mentor training session and in-service training sessions after being matched?

**Please read carefully before signing:**

PATH Kid Reach Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I understand that PATH Kid Reach Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

I understand that all of the following items must be completed before I will be officially accepted into the PATH Kid Reach Mentoring Program.

- Completed Mentor Application
- Copy of valid driver's license
- Proof of auto insurance
- Personal References
- Mentor Home Assessment Questionnaire
- Mentor Profile
- Mentor Interest Survey Form

Please return or mail this completed application and the items listed above to: Program Coordinator, PATH Kid Reach Mentoring Program, 402 W. Front Street, Tyler, TX 75702

I, \_\_\_\_\_, certify that all information provided on this  
(Applicant's Printed Name)

application is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)