



**United Way of Northeastern MN Lunch Buddies**  
***Mentor Application – Greenhaven Elementary (11:20-12:05 Mondays)***

**Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

**Application Questions**

1. Initial the statements below:

\_\_\_\_ I understand the mentor program involves spending a minimum of 40 minutes/week for the academic year at a school with the assigned student.

\_\_\_\_ I understand that mentoring programming will from occur March 2<sup>nd</sup> to May 19<sup>th</sup> on Mondays (Greenhaven) for the remainder of the 2019-2020 school year.

\_\_\_\_ I understand that I will be required to complete the mentor training session prior to participating in the program.

2. What motivates you to volunteer as a mentor?



3. Please describe any previous experience you have volunteering or working with you.
  
4. What qualities, skills, or other attributes do you feel you have that would benefit a mentee? Please explain.
  
5. Please describe any health concerns you have that might impact your participation in this program?
  
6. How would you describe yourself?
  
7. How would your friends, family, and co-workers describe you?
  
8. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
  
9. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
  
10. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

**Education Background (check one)**

- Some High School
- High School Graduate
- Some College
- College Graduate
- Technical School
- Graduate School



\_\_\_ Other (Please specify)

### Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Position: \_\_\_\_\_ Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

-----

Position: \_\_\_\_\_ Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

-----

Position: \_\_\_\_\_ Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

### Reference Information

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, one friend and one professional reference. If you have any work or volunteer experience with children or youth, please include a reference from that experience. Any information the United Way of Northeastern Minnesota gathers from these references will be held as confidential and not released to you, the applicant.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

### Personal Interest Survey

These questions will help us to know more about you and your interests and help us find a good match for you.

- Do you speak any languages other than English? If so, which languages?
- What are some favorite things you like to do with other people?
- What are your favorite subjects to read about?
- What is your job and how did you choose this field?
- What is one goal you have set for the future?
- If you could learn something new, what would it be?
- What person do you most admire and why?
- Describe your ideal Saturday.
- Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals/ Pets	<input type="checkbox"/>	Art/ Crafts	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

- List any other areas of strong interest:



**Please read this carefully before signing:**

United Way of Northeastern Minnesota 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 United Way of Northeastern Minnesota is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ In making this application to be a volunteer, I understand that United Way of Northeastern Minnesota routinely performs criminal record checks of all volunteers for the position of mentor for which I am applying. This check may be done on me if I sign below. If I fail to sign, it may be grounds for rejecting me as a mentor.

\_\_\_\_\_ I give consent for the results of my criminal record check to be shared with the school at which I will be mentoring.

\_\_\_\_\_ (optional) I agree to allow United Way of Northeastern Minnesota to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand that any incomplete information in my application will result in the delay of my application being processed.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return or mail this application and the items listed above to:

**United Way of Northeastern Minnesota – Lunch Buddies**

**Attn: Sarah Gardeski**

**608 East Drive**

**Chisholm, MN 55719**

[sarah@unitedwaynemn.org](mailto:sarah@unitedwaynemn.org)



United Way of  
Northeastern MN