



*Mentoring Offers Rich Experiences*

# MENTOR APPLICATION PACKET

Toledo Consortium

Eagle Academy  
2014 Consaul Street  
Toledo, Ohio 43605

Lake Erie Academy  
2740 W. Central Avenue  
Toledo, Ohio 43606

Paul L. Dunbar Academy  
3248 Warsaw Street  
Toledo, Ohio 43608

Toledo Preparatory Academy  
540 Independence Road  
Toledo, Ohio 43607



## Overview

The MORE Mentoring Program is designed to reduce the potential of students dropping out of school by:

- giving them support
- promoting the values of education
- teaching students to set and reach goals
- increasing their self-esteem and performance
- modifying and improving their social skills, attitudes, attendance and behavior

## What is a mentor?

- A mentor listens and communicates with youth, reinforces children's achievements and serves as a positive role model.
- A mentor is someone who wants to make a difference in the life of a young person by just being a friend.

## Mentor Responsibilities

- The mentor makes a commitment to meet one-to-one with a student (grades 4<sup>th</sup> – 9<sup>th</sup>) for at least one hour a week for a minimum of one year.
- As a friend and role model, the mentor listens to the student, helps with problem solving and demonstrates the values of punctuality and dependability.
- Develops a friendly, trusting relationship.
- CARES, LISTENS and ENCOURAGES

## Training

- All mentors must complete an application, receive a criminal history record check (at no cost to the volunteer), attend an orientation, as well as follow-up training sessions.
- Orientation curriculum includes:
  - Overview of MORE Mentoring Program
  - Mentoring Responsibilities and Conduct
  - Confidentiality Issues
  - "At-Promise" Students
  - Accessing Resources
  - School Contact Information
  - Matching and Placement
  - Liability and Incident Reporting

## What qualifications do I need?

- Patience
- Good listener
- Sense of humor
- Respect for others
- Ability to be flexible
- Dependable and reliable
- A warm and understanding personality
- Able to accept a young person as they are
- Understand and know that each student is different and unique
- Desire to motivate a young person and help them succeed in school

## How to get involved

- Complete the volunteer application form. After your application is screened and approved, you will be contacted regarding orientation/training sessions.

# Mentor Application

## Personal Information

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

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Social Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

## 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.

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

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

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

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Position Held: \_\_\_\_\_



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

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

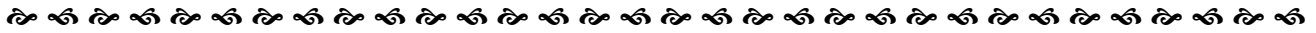
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Position Held: \_\_\_\_\_



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

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

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

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Position Held: \_\_\_\_\_

### Application Questions

Please answer all of the following questions as completely as possible.

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 you have that would benefit a youth? Please explain.
4. Can you commit to participate in the MORE mentoring program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child four hours per month and have contact at least once per week? 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. How would your friends, family, and co-workers describe you?
9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
10. Have you ever used illegal drugs? If so, what substances were used and how often?
11. Are you currently using any illegal drugs or controlled substances?
12. Do you drink alcoholic beverages? If so, what and how often?
13. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?
14. Do you use tobacco products? If so, what and how often?
15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
19. 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?
20. Are you willing to attend an initial mentor training session and two training sessions per year after being matched?

Please read this carefully:

The MORE Mentoring Program appreciates your interest in becoming a mentor.

Type your initials in each of the following boxes:

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

I understand that the MORE Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

I understand I must return the following *completed* form along with this application and that any incomplete information will result in the delay of my application being processed.

### Information Release

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

I authorize a MORE agent 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 the MORE program to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about me will 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 match relationship.

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

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

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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: \_\_\_\_\_  
*(month/year)*

To: \_\_\_\_\_  
*(month/year)*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

From: \_\_\_\_\_  
*(month/year)*

To: \_\_\_\_\_  
*(month/year)*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

From: \_\_\_\_\_  
*(month/year)*

To: \_\_\_\_\_  
*(month/year)*

## Returning Your Completed Application

E-mail the completed application and information release form as an attachment to:

Beverly Baker, MORE Program Director

[bbaker@morementoring.com](mailto:bbaker@morementoring.com)

*OR*

Mail or hand-deliver the completed application and information release form to the address below:

MORE Mentoring Program

Lake Erie Academy

2740 W. Central Avenue

Toledo, Ohio 43606

*OR*

Fax the completed application and information release form to:

Beverly Baker, MORE Program Director

419.475.6048

After submitting the application, volunteers will need to request a **FREE** background check at either one of the following locations:

**Ohio Council of Community Schools (OCCS)  
Suite 306**

3131 Executive Parkway

Toledo, Ohio 43606

419.720.5200\*

*\* Call and ask for Matt to schedule a time*

**Lucas County Educational Service Center**

2275 Collingwood Avenue

Toledo, Ohio 43620

419.245.4150

**Hours:** Monday, Tuesday and Wednesday

8:30 AM to 12:30 PM and 2 PM to 4 PM

**One Government Center – Downtown Toledo**

Suite 1720

Toledo, Ohio 43604

419.213.3839

Walk-in request hours at the Government Center are: **Monday – Friday** 8 AM – 1 PM and 1:30 PM – 4:30 PM  
(*The office is closed on week-ends.*)



Request for Background Check – Volunteer Applicant  
MORE Mentoring Program  
2740 W. Central Avenue  
Toledo, Ohio 43606

**APPLICANT:** Please print and complete this form for the agency that is conducting the background check.

Any questions, please feel free to contact the program director:  
Beverly Baker  
Email: [beverly.baker@leonagroup.com](mailto:beverly.baker@leonagroup.com)  
Cell: 419.410.3872

Request for any record of conviction found in the files of the centralized criminal history record information system regarding the person identified herein. This information shall be released to:

**Leona Group, L.L.C.**  
4660 S. Hagadorn Road Suite 500  
East Lansing, Michigan 48823

ACKNOWLEDGMENT BY APPLICANT: I am requesting a criminal background check for a position as a volunteer mentor (payment provided by Leona Group, L.L.C.)

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_  
Last First Middle Maiden

ADDRESS: \_\_\_\_\_  
Street City State Zip

SEX \_\_\_\_\_ RACE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOC SEC NO \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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