



MENTOR APPLICATION PACKET CHECKLIST

Included in this packet:

- Mentor Screening and Matching Process diagram
- FORGE Youth Mentoring Application Packet (electronic form can be found on our website)
 - FORGE Mission, Values, Mentor Specifics
 - Mentor Application
 - Mentor Life & Interest Survey
 - Background Information & Check form
 - 4 Reference Letters
- Please add/email the following when you submit your Mentor Application:
 - Copy of Driver's License
 - Copy of Proof of Auto Insurance

Mentor Screening and Matching Process:



Application in fillable online format can be found at: <https://forgeyouthmentoring.org/mentors/>

If you have any questions, please call the FORGE Office at 509 438-1918

Forms may be mailed to:

FORGE Youth Mentoring
P.O. Box 1422
Richland, WA 99352

or DROPPED OFF AT: Columbia Community Church (150 Gage Blvd, Richland)



MISSION

**Connecting generations to restore hope in our communities
and help young people find their God-given potential.**

VALUES

- Christ-Centered: Following the Savior and modeling the Word of God in all we do
- Church-Driven: Partnering to mobilize and equip believers for mutual growth and keep match cost minimal
- Community Building: teaming churches and mentors with kids in their neighborhoods for greater impact
- Love & Grace: Everyone is imperfect – empathy inspires mentors and mentees to join and experience joy
- Growth & Transformation: Through equipping mentors, kids and adults will experience lasting positive change
- Safety & Transparency: Serving all participants and partners with clear guidelines and communication

MENTOR REQUIREMENTS:

- Are a minimum of 21 years of age
- Have a personal relationship with Jesus Christ and be affiliated with a church
- Participate in a *Mentor & Volunteer Orientation*
- Fulfill Application Process (application, references, background check)
- Attend *I Am A Mentor* Training Course
- Meet with your mentee once a week for a minimum of 1 hour
- Commit to this friendship for a minimum of one year

MENTOR DISQUALIFICATIONS INCLUDE:

- Have been cited for driving under the Influence (DUI) in the last 2 years.
- Have been involved in a crime against a vulnerable person (child, disabled adult).
- Cannot complete their mentoring commitment (Matches ending prematurely actually harm the mentee).

MENTOR OBJECTIVES

The keys to a successful and empowering mentor match is found in a few key principals:

- Be Genuine & Share Your Life
- Be Consistent & Faithful
- Be Accepting & Empathetic
- See potential and help youth pursue it
- Be a Good Listener
- Have Fun!



Mentor Application

Application Date: _____

Personal Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

DOB: ___/___/_____ Marital Status: _____ Name of Spouse: _____

Name and ages of children: _____

Restrictions affecting your availability to meet with your mentee (ie; car, license, schedule, health/physical challenges):

Do you plan to live locally for at least one year? _____

Church attending: _____

Church Activities involved in currently or in the past: _____

Describe your faith journey: _____

Why do you wish to become a mentor? _____

Contact Information

Primary Phone: _____ Home Mobile Work

Alt Phone: _____ Home Mobile Work

Email: _____

Other: _____

Employment Information

Current Employer: _____

City: _____ State: _____

Length of employment: _____

Position/Title: _____

Industry/Type of Business: _____

Would you be willing to be a liaison between FYM and your company in helping us building a partnership? Yes No

How did you hear about FORGE Youth Mentoring? (check all that apply)

Website Facebook Church Flyer Presentation: (location) _____

Referral: (name of referral) _____

Other: (please specify) _____

References

Relative or Spouse

Name: _____ Relationship: _____

Email: _____ Phone: _____

Employer (if retired, have a friend or past employer complete)

Name: _____ Position: _____

Email: _____ Phone: _____

Church (ie; pastor, small group leader, teacher)

Name: _____ Position: _____

Email: _____ Phone: _____

Friend

Name: _____ How you know them: _____

Email: _____ Phone: _____

Additional comments, notes, etc.:

Mentor Life and Interest Survey

Please complete the following information. (This survey is used to match you with a student(s) in our program.)

Do you speak any language other than English? If so, which language(s)? _____

Why did you choose your current occupation? _____

Your Favorites

Food: _____

Music: _____

Movies: _____

Books: _____

Hobbies: _____

School Subjects: _____

Arts/Music you participate in: _____

Sports you play(ed): _____

Sports you like to watch: _____

Check any of the words below that you think described your personality in junior high/high school.

- | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Honest | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Caring | <input type="checkbox"/> Funny | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Spiritual | <input type="checkbox"/> Nervous | <input type="checkbox"/> Adventurous | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Confident | <input type="checkbox"/> Talkative | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Angry | <input type="checkbox"/> Forgiving | <input type="checkbox"/> Friendly | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Inquisitive | <input type="checkbox"/> Brave | <input type="checkbox"/> Shy | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Silly |

Check any of the words below that you think describe your personality now.

- | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Honest | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Caring | <input type="checkbox"/> Funny | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Spiritual | <input type="checkbox"/> Nervous | <input type="checkbox"/> Adventurous | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Confident | <input type="checkbox"/> Talkative | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Angry | <input type="checkbox"/> Forgiving | <input type="checkbox"/> Friendly | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Inquisitive | <input type="checkbox"/> Brave | <input type="checkbox"/> Shy | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Silly |

Check all the activities that interest you.

- | | | | | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|--|---------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Football | <input type="checkbox"/> Swimming | <input type="checkbox"/> Boating | <input type="checkbox"/> Skiing | <input type="checkbox"/> Sculpting | <input type="checkbox"/> Ceramics | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Ice skating | <input type="checkbox"/> Crafts | <input type="checkbox"/> Dancing | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Running | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Scrapbooking | <input type="checkbox"/> Music | <input type="checkbox"/> Yard Sales |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Working out | <input type="checkbox"/> Fishing | <input type="checkbox"/> Hiking | <input type="checkbox"/> Reading | <input type="checkbox"/> Theatre | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Skateboard | <input type="checkbox"/> Hunting | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Writing | <input type="checkbox"/> Singing | <input type="checkbox"/> Knitting |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Roller Skate | <input type="checkbox"/> Camping | <input type="checkbox"/> Parks/Walks | <input type="checkbox"/> Painting | <input type="checkbox"/> Movies | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Motorcycles | <input type="checkbox"/> Cars | <input type="checkbox"/> Board Games | <input type="checkbox"/> Video Games | <input type="checkbox"/> Bowling | <input type="checkbox"/> Blogging |

List any other skills, talents, hobbies, interests, etc.: _____

Background Information and Check Form

The following are my responses to questions about my criminal record and personal history (if any) with descriptions to any question with a **YES** answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) Yes No If Yes, please explain:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? Yes No If Yes, please explain: _____
3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? Yes No If Yes, please explain: _____
4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? Yes No If Yes, please explain: _____
5. As of the date of this authorization, do you have any pending criminal charges against you? Yes No If Yes, please explain: _____

6. Have you ever served in the US Military? Yes No
7. If you answered YES to the above question, did you receive a DD214? Yes No If Yes, can you present the document?: Yes No
8. If you answered YES to the above question 6, did you receive an honorable discharge? Yes No If No, please explain: _____
9. Have you ever been investigated for sexually abusing or molesting a minor? Yes No If Yes, please explain:

10. Have you ever received treatment for alcohol and/or substance abuse? Yes No If Yes, please explain:

11. Have you ever been hospitalized for a mental illness/disorder? Yes No If Yes, please explain:

12. Have you ever received counseling or treatment for any issues related to pornography? Yes No If Yes, please explain:

My signature below indicates 1) that the statements I provided within this document are true and accurate to the best of my knowledge and ability, and 2) that I agree to allow FYM to use my information to conduct a Criminal History Background Check conducted by Pinnacle Investigations. I also agree to live by the understanding that, as a person in authority, it is my responsibility to avoid sexual or inappropriate contact with children/youth in my care, even if one attempts to initiate the contact.

Signature

Date

Please list the Counties and States that you have lived in over the past 7 years: _____

