



## **THE ERVIN ACADEMY MENTOR APPLICATION**

To be completed prior to interview

### **Applicant Information:**

Name: \_\_\_\_\_ Gender:  Male  
                    First                    Middle                    Last   Female

Address: \_\_\_\_\_  
                    Street                                    City                                    State                    ZIP

Home phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Name/address of employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Previous last names/other names used: \_\_\_\_\_ DOB: \_\_\_\_\_

List all previous residences in the last five years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Current and previous volunteer experience:**

1. What are the skills, experience(s) and strengths (bilingual, math skills, previous relevant volunteer experience and work experience etc.) you possess that qualify you as a Mentor for this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Write a brief statement summary indicating why you have chosen to participate in The Ervin Academy's Mentoring program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please list any previous mentoring experience. Please include the applicable dates, name of the mentoring organization(s) and location(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please read and initial the statements below:

\_\_\_\_\_ I understand that the mentoring program involves a strong commitment and I agree to dedicate a minimum of **one hour every week** for the academic year at the school with your assigned student.

\_\_\_\_\_ I understand that the total Mentor obligation and commitment is for **one year** and requires a total of **eight hours per month** of personal “face to face” interaction with my mentee. This also includes **one Saturday per month** as assigned by The Ervin Academy. I agree to this commitment.

\_\_\_\_\_ I agree to complete the mentoring program’s required orientation session(s) and at least two training sessions during the year of my participation and commitment.

\_\_\_\_\_ I agree to provide two (2) letters of reference prior to beginning my Mentor obligation. *Note: One personal and the other professional.*

\_\_\_\_\_ I understand and agree to fully disclose if I have been convicted of any felony and misdemeanor crime(s) within the United States on this application and during the background check process.

\_\_\_\_\_ I agree and understand that if I have any concerns with regard to the physical and emotional safety and stability of my mentee and/or myself directly or indirectly resulting from and/or obtained by my participation in this mentoring program, that I will notify The Ervin Academy’s President (Ingrid Ervin) **within 4 hours of awareness/notification**. This includes any alleged forms of child abuse, criminal activity, drug and alcohol usage etc. by the mentee, their family member, myself, a member of The Ervin Academy staff, another Mentor, volunteer and vendor.

\_\_\_\_\_ I understand and agree that to fully disclose in this application, and during the background check process, if I have been accused and/or convicted of any felony/misdemeanor offenses involving minor children under the legal age of consent of 18yrs. Please provide the details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.  Yes  No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance? Please explain and provide the **case number, state(s)** and **date** which the incident occurred:

\_\_\_\_\_  
\_\_\_\_\_

6.  Yes  No Are you under current indictment or has a district/county attorney ever accepted an official complaint for any of the offenses listed and not listed in question #5?

7. If the answer is **YES** to questions 4 or 5, please explain below. Please include all indictment information:

\_\_\_\_\_  
\_\_\_\_\_

8. Educational Background (mark one):

- |   |   |
|---|---|
| <input type="checkbox"/> Some high school     | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Technical school             |
| <input type="checkbox"/> Some college         | <input type="checkbox"/> College graduate             |

Other (please specify) \_\_\_\_\_

9. Please provide the reason(s) why you would like to become a Mentor?

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10. What days of the week are you available to volunteer? (Check all that apply):

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

11. What is the best time for you to volunteer? (Check all that apply):

Mornings  Afternoons  Evenings  Weekends

12. Please list four references (please include at least one family member, one personal friend and one work reference):

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_  
Phone number \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_  
Phone number \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_  
Phone number \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_  
Phone number \_\_\_\_\_  
Relationship \_\_\_\_\_

**Other Information:**

1. How did you hear about The Ervin Academy's mentoring program? \_\_\_\_\_

2. Do you prefer mentoring a quiet, shy or reserved child?  Yes  No  No Preference

3. Do you prefer mentoring an outgoing child?  Yes  No  No Preference

4. Do you prefer working with a student from a specific racial/ethnic group?  Yes  No  
 No Preference

If yes, please specify: \_\_\_\_\_

5. Do you speak a foreign language? \_\_\_\_\_ If yes, please specify fluency: \_\_\_\_\_

6. Please list any hobbies or interests you have: \_\_\_\_\_  
\_\_\_\_\_

7. What activities would you like to do with your mentee? \_\_\_\_\_  
\_\_\_\_\_

8. What clubs, organizations (civic, religious, professional) or groups, if any, do you belong to?  
\_\_\_\_\_  
\_\_\_\_\_

9. My favorite subject in school was \_\_\_\_\_

10. My least favorite subject in school was \_\_\_\_\_

11. Please put an X by the activities you enjoy the most:

___	Playing sports (type) _____	___	Hiking and being in nature
___	Watching sports (type) _____	___	Career development
___	Writing	___	Cooking
___	Reading	___	Playing games
___	Listening to music (type) _____	___	Using computers
___	Entrepreneurship	___	Visiting museums
___	Attending plays	___	Visiting zoos and parks
___	Going to the movies	___	Arts and crafts
___	Other _____		

12. What qualities would you like your mentee? \_\_\_\_\_

\_\_\_\_\_

13. Who has served as a mentor and role model for you? Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Do you have any special conditions we should know about such as significant life changes, disabilities, religious beliefs and/or any challenges with drugs or alcohol? If so please explain. This information is **CONFIDENTIAL**. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Have you had experience working with children (paid or volunteer)? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Applicant's Certification

By completing The Ervin Academy's Mentoring Program mentor application, I understand that The Ervin Academy routinely performs criminal background checks of all volunteer applicants for the position of Mentor for which I am applying. This background check will be completed and process upon my signature below. If I fail to sign, it may be grounds for declining me as a Mentor.

I also agree to abide by the rules and regulations of the program and fully discharge The Ervin Academy, its Mentoring Program, staff, faculty, Board of Directors, students and mentees from any all State of Georgia legal liability and legal claims directly resulting from my volunteerism and any accidents and injuries directly resulting from my participation in this program. This includes all legal attorney's fees and associated costs according to the State laws of Georgia.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that any misinformation knowingly and intentionally provided here, and on subsequent Mentor application forms, is grounds for *immediate* dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Do Not Complete**

#### **For Program Staff:**

Date application received: \_\_\_\_\_

Date application reviewed: \_\_\_\_\_

Name of Approver: \_\_\_\_\_

Date application approved: \_\_\_\_\_

Name of mentee assigned: \_\_\_\_\_

Approved mentor participation period: \_\_\_\_\_