



## VOLUNTEER MENTOR APPLICATION

Thank you for your interest in mentoring with our church and Kids Hope USA. Please read and complete the following information in order to be considered for this important role in our mentoring program. A Kids Hope USA mentor will provide one-to-one mentoring and affirmation for one elementary-aged child at our partnering school. Training will be provided to help mentors develop a successful mentoring relationship with a child. The mentor will use materials provided by their Kids Hope USA program. The classroom teacher may supplement with materials to support a specific academic need. Each Kids Hope USA mentor will be under the supervision of and report to the Kids Hope USA director at the church who will be available to advise and assist all mentors.

### QUALIFICATIONS:

- Love children and be sensitive to their needs
- Maintain confidentiality
- Be ready to listen to a child
- Pass a background check
- Commit to one hour each week during the school day for a school year
- Be a member or regular attendee of the church
- Believe in your child
- Be at least 16 years old
- Be able to read
- Reliable transportation

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

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

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

Have you ever been convicted of, pled guilty to, or pled no contest to a crime other than a minor traffic violation?  YES  NO

If yes, please explain: \_\_\_\_\_

Please indicate the days and times you are available:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Please list previous volunteer activities:

\_\_\_\_\_

**REFERENCES:**

List at least two references from places of employment or prior volunteer service, specifically work with youth and children. References must be over the age of 18; not be a relative; have known you for at least a year.

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

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

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

Relationship: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

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

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

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

Relationship: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

Do you have someone in mind to be your Prayer Partner or Scholarship Provider?\*

YES     NO    *If not, your Kids Hope USA Director will assist in assigning a Prayer Partner and Scholarship Provider to you.*

If yes, please list their name and email address below.

Prayer Partner Name: \_\_\_\_\_

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

Scholarship Provider Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date