



## MENTOR APPLICATION

Please type or print clearly, giving complete and accurate information.  
Applications not filled in correctly will be returned for completion. The application is used as a screening tool to match the provider with an appropriate child.

### QUESTIONNAIRE AND FAMILY HISTORY

Name: *(First, Middle, Last)* \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

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

How long at this address? \_\_\_\_\_

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

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

Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Race: \_\_\_\_\_

Level of Education completed: High School: \_\_\_\_\_ College: \_\_\_\_\_

Degree: \_\_\_\_\_

Occupation: \_\_\_\_\_

Military Experience: \_\_\_\_\_

Religion: \_\_\_\_\_

Church Name & City: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Community Activities: \_\_\_\_\_

How did you hear about mentoring at Bethany? \_\_\_\_\_

Why would you like to mentor through Bethany? \_\_\_\_\_



## HOUSEHOLD INFORMATION

Relationship (S=son, D=daughter, M=mother, F=father, S=sister, B=brother, O=other)

Name (first, middle, last)	Birth Date	Current Age	Relationship

## HEALTH ISSUES

Medical problems for which you have been treated within the last five years: \_\_\_\_\_

Has anyone in your household ever been treated for drug or alcohol abuse? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please give name, date and details: \_\_\_\_\_

If you are a smoker, would you agree not to smoke in the presence of children? Yes\_\_\_\_\_ No\_\_\_\_\_

## LEGAL BACKGROUND

**The Child Protective Services Law, effective January 29, 2005, requires all Adoption agencies to obtain the following specific information prior to approving an individual as a Child Care/ Respite Provider.**

Has anyone living in your home ever been charged with a crime or arrested? Yes\_\_\_\_ No\_\_\_\_

Were drugs and/or alcohol involved? Yes\_\_\_\_ No\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name of person charged or arrested: \_\_\_\_\_

Nature of offense: \_\_\_\_\_

Has anyone living in your home ever been convicted of a crime? Yes\_\_\_\_ No\_\_\_\_

Were drugs and/or alcohol involved? Yes\_\_\_\_ No\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name of person convicted: \_\_\_\_\_

Nature of offense: \_\_\_\_\_

Have you ever filed a Protection from Abuse Order? Yes\_\_\_\_ No\_\_\_\_

Legal name at time of filing: \_\_\_\_\_

Date & location where petition was filed: \_\_\_\_\_

Has a Protection from Abuse Order ever been filed against you? Yes\_\_\_\_ No\_\_\_\_

Date & location where order was filed: \_\_\_\_\_

Have you or anyone in your family ever been involved in Family Court? Yes\_\_\_\_ No\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name of person involved in Family Court: \_\_\_\_\_

Nature of offense: \_\_\_\_\_

Have you ever been evicted from a house or apartment? Yes\_\_\_\_ No\_\_\_\_

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

## MENTORING INFORMATION

Describe the type of child you would prefer to mentor:

Include preferences such as number of children, age range, race, and gender. \_\_\_\_\_

Areas of special needs you are willing to accept (medical, behavioral, developmental): \_\_\_\_\_

Describe any special skills, training or experience you have that will be helpful in caring for children. \_\_\_\_\_

Please check days of the week you are available to mentor.

- MONDAY       WEDNESDAY       FRIDAY       SUNDAY  
 TUESDAY       THURSDAY       SATURDAY

Please list morning, afternoon, evening hours you are available to mentor. \_\_\_\_\_

Have you ever applied or mentored for another agency? Yes\_\_\_\_ No\_\_\_\_

If yes, please list those agencies you have worked with either in the past or present:

Agency \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

Phone # \_\_\_\_\_

Dates \_\_\_\_\_

**\*Please note: If you have been approved as a Mentor by another agency within the last five years, you must submit a letter of recommendation and/or closure from that agency before Bethany will consider your application.**

## CURRENT EMPLOYMENT

Please attach resume if available.

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

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

Phone #: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

May we contact for a reference?    Yes \_\_\_\_\_    No \_\_\_\_\_

## REFERENCES

PERSONAL REFERENCES: Please list three references, excluding family, who have known you for at least three years.

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

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

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

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

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

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



**I have carefully and honestly completed this application for Mentor. This information may be verified by your agency representative. This agency reserves the right to request additional information that is pertinent to the application process. I understand that the acceptance of this application is the decision of the staff of Bethany Christian Services. I agree to inform Bethany Christian Services of any changes that occur to the information in this application during and after the approval process.**

**I hereby swear and affirm that the information as set forth above is true and correct to the best of my knowledge and belief. I have read and understand the foregoing. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.**

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*Name Printed*

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*Signature*

*Date*

