

# DJJ Juvenile Reentry Mentoring Program

## MENTOR APPLICATION



### Contact Information

Name			
Date of Birth		Age	
Street Address			
City ST ZIP Code			
Home Phone			
Mobile Phone			
E-Mail Address			
Name/Address of Employer			
Work Phone		Occupation	

### Volunteer Information

1. Indicate your grade preference:  
 Middle School     High School     Completed High School
2. What do you feel are the strengths or special skills that you have acquired from employment, previous volunteer work, or other activities, including hobbies or sports, which you can bring to this program?

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3. Write a brief statement on why you have chosen to participate in the mentor program.

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4. Initial the three (3) statements below:

\_\_\_\_\_ I understand that the mentor program involves spending a minimum of one hour every week for the first 2-3 months at a juvenile correctional center assigned to a specific juvenile offender.

\_\_\_\_\_ I understand that the mentor program involves spending a minimum of two hours every week with the juvenile offender after release from the JCC for approximately 6 months.

\_\_\_\_\_ I understand that I will be required to complete the mentor program orientation and at least two (2) training sessions during the year.

### Background Information

5. Do you have a valid driver's license?  Yes  No    What is your driver's license number? \_\_\_\_\_

6. Have you been convicted of a moving violation?  Yes  No

If yes, please provide:

Date of Incident: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

7.  Yes  No 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?
8.  Yes  No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #7?
9. If the answer is YES to questions 7 or 8, please explain below (include date, charge, and final outcome).

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**Educational Background (mark one):**

- Some high school  Graduate/professional school  
 High school  Technical School  
 Some college  College graduate  
 Other (please specify) \_\_\_\_\_

**Availability**

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

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

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

- Mornings  Afternoons  Evenings  Weekends

**References**

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 \_\_\_\_\_

**Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a mentor, any false statements, omissions, or other misrepresentations made by me on this application, and on subsequent mentor application forms, may result in my immediate dismissal.

Name (printed)			
Signature		Date	

