



AFCMentors: One-to-One Mentor Application

Adoption & Foster Care Mentoring empowers adopted and foster youth in Massachusetts to flourish through committed mentoring relationships.

Please make sure you have completed every section. Thank you!

Application:

- I. General Information:** Contact & Emergency Information
- II. Schedule/Availability Information**
- III. Preferences & Interests:** Helps to match you with a mentee with similar interests.
- IV. Personal Information Part A & B:** Helps us identify why you want to become a mentor.
- V. Photo/Media Release & Waiver:** Allows AFC Mentoring to use pictures, quotes, etc. for publication purposes (e.g. brochures, flyers, pamphlets, website, PSAs, newsletters, etc.)
- VI. List of 3 References**

Supplemental Materials:

- VII. 3 Reference Forms:** To be filled out by reference person and sent to AFC Mentoring (*fax or mail*)
- VIII. Background Checks, Part A, B & C**

I. General Information (Please Print)

Date of this Application: _____

Contact Information

Male Female

Full Name: _____

Nickname: _____

Street Address: _____

DOB: _____

City, State: _____ Zip Code: _____

Home Phone: _____

E-mail: _____

Mobile: _____

Have you lived at this address for the past five years? Yes No

If no, please attach a list of the addresses that you have lived at for the past five years.

Best Times to Contact You (check all that apply): Home Work; (*if home*) Day Night;

Any Day Monday Tuesday Wednesday Thursday Friday Saturday Sunday

<i>(For AFC Staff Only)</i>			<input type="checkbox"/> Info session	___/___/___	<input type="checkbox"/> PM1	_____
<input type="checkbox"/> CORI	<input type="checkbox"/> REF 1	<input type="checkbox"/> Ref1 Called	<input type="checkbox"/> AFC Part I	___/___/___	<input type="checkbox"/> PM2	_____
<input type="checkbox"/> SORI	<input type="checkbox"/> REF 2	<input type="checkbox"/> Ref2 Called	<input type="checkbox"/> AFC Part II	___/___/___	<input type="checkbox"/> PM3	_____
<input type="checkbox"/> FBI	<input type="checkbox"/> REF 3	<input type="checkbox"/> Ref3 Called	<input type="checkbox"/> Interview	___/___/___	Match Date: ___/___/___	



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Business Contact Information:

Business Name: _____ **Title:** _____
Street Address: _____
City, State: _____ **Zip Code:** _____ **Work Phone:** _____
Work E-mail: _____ **Fax:** _____
How long have you been working here? _____

If you have been with employer for fewer than five years, please attach a list of your employers and addresses for the previous five years.

Emergency Contact Information

Full Name: _____ **Relation:** _____
Street Address: _____ **Home Phone:** _____
City, State: _____ **Zip Code:** _____ **Mobile:** _____

* Please note that after you have been matched if we are unable to reach you in the course of a two week period, we will contact this individual.

Race/Ethnicity (optional): _____

Language Abilities & fluency levels (optional): _____

Religious Affiliations (optional): _____

Criminal Background:

Have you ever been convicted of a crime?

If so, list date(s) and charges of which you were convicted:

Do you currently have criminal charges pending against you?

If so, please describe them:

* Please note that a criminal record will not necessarily affect your eligibility to become a mentor or volunteer.

How did you find out about AFC Mentoring: AFC Website Friend Coworker other _____
Volunteer Website: _____ Newspaper or Magazine: _____



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II. Schedule/Availability Information

1. Can you offer at least 8 hours per month? (8 hours a month is our minimum requirement) Yes No
 Comments: _____

2. Will you be in Boston for at least one year from the start of this program? Yes No

3. **Match Visits:** What days **WORK** for you to meet with your mentee?

Days:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Times:							

What days and times absolutely **DO NOT WORK** for you to meet with your mentee?

Days:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Times:							

4. **Mentor Meetings:** What days **WORK** for you?

Days:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Times:							

What days **DO NOT WORK** for you?

Days:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Times:							

5. Do you have regular access to a car or will you be traveling by T? (*May influence whom you are matched with.*)

Access to Car: Yes No

Travel by T: Yes No *if so, which line:* Red Green Blue Orange Silver



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III. Preferences & Interests

Interests: What do you like to do in your free time? (Give specifics, if possible.)

<i>Interests:</i>	<i>Additional Comments</i>
Play sports? Which ones?	
Play music? What kinds?	
Listen to music? What kinds?	
Read? What kind of books?	
Draw, paint? What kind of art?	
Play video games? What types?	
Watch sports? Which ones?	
Watch TV or movies?	
Shop? For what?	
Other? What?	

11. Please check one from each of the following pairs below. Are you:		
a) <input type="checkbox"/> talkative or <input type="checkbox"/> quiet?	b) <input type="checkbox"/> funny or <input type="checkbox"/> serious?	c) <input type="checkbox"/> energetic or <input type="checkbox"/> laid back?

IV. Personal Information, Part A

<p>Personal Information:</p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Were you adopted?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Were you in foster care?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been in guardianship?</p> <p>4. <input type="checkbox"/> Yes <input type="checkbox"/> No Did you ever live outside your biological family's home in a different arrangement?</p> <p>5. <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been involved in another mentoring program or youth service agency?</p> <p>If so, where and when? _____</p> <p><i>(please include references from any previous mentoring organization in the reference section of this application)</i></p>

1. Are there any issues that these children may be facing, that you would feel uncomfortable discussing?



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2. What preferences do you have, if any, for race, culture, gender, and age of a mentee if you are matched? Would you prefer being matched with a mentee that is adopted or in foster care, or other situation? Anything else?

3. How would you feel about working with a child with physical disabilities? With emotional/ behavioral problems? With learning problems/ trouble in school?

IV. Personal Information, Part B

Please attach a résumé, if you have one available

Mentoring questions:

1. What experiences have you had with mentoring and volunteering, particularly volunteering with youth?

2. Why are you interested in being a mentor?

3. Why do you think you would be a good mentor?

4. What other community activities (clubs, organizations, etc.), if any, are you involved?

Adoption & Foster Care Questions:

1. What experience do you have working with issues of adoption or foster care?

2. How comfortable do you feel discussing adoptive or foster care issues?



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I, _____, hereby grant AFC Mentoring permission to use the following selected items below to publicize and promote AFC Mentoring (e.g. in newsletters, website, etc.).

Please **check** AND **initial** next to the following items that you will allow AFC Mentoring to publicize:

1) My name:

a) _____ First and last name

b) _____ First name only

2) My visual image:

a) _____ Any visual image (photographic or video images)

b) _____ Non-identifying visual images only (e.g. silhouettes, hands, feet, back)

3) _____ My statements (e.g. quotes, stories, written and/or spoken)

4) _____ My artwork (e.g. drawings, pictures, photos)

I acknowledge that AFC Mentoring or its assignee has total ownership of the program or article in which my above selected information will be used. I understand that I will not receive compensation for the use of such information used to publicize and promote AFC Mentoring.

My consent to this waiver and release signifies that I completely release, promise and covenant not to sue or assert any claims against AFC Mentoring, its personnel, and/or agents of the program for liability that may arise from AFC Mentoring’s use of the above selected items for the purposes stated herein.

By signing below, I am acknowledging that I have read and fully understood this Release and Waiver and that I consent to the use of the above selected information to publicize and promote AFC Mentoring.

Print Full Name

Date

Signature of Participant

Date

TO BE COMPLETED BY PARENT/GUARDIAN IF PARTICIPANT IS A MINOR:

I am the legal guardian of the above-named minor and I agree to the terms of this release and consent to the use such minor’s above-selected and initialed information for publicity and promotional purposes.

Print Full Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date



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VI. Reference Contact Information

Please list the names and addresses of three non-family references. Please try to give references who you have known for a while. If you are from out of state, give at least one reference from your home state. If you have worked in childcare, mentoring, or other volunteer work, please give at least one reference for that work. One reference should be a professional reference.

Reference 1: Contact Information

Full Name: _____	Phone #1: _____
Street Address: _____	Phone #2: _____
City, State: _____ Zip Code: _____	How do you know this person? _____
E-mail: _____	

Reference 2: Contact Information

Full Name: _____	Phone #1: _____
Street Address: _____	Phone #2: _____
City, State: _____ Zip Code: _____	How do you know this person? _____
E-mail: _____	

Reference 3: Contact Information

Full Name: _____	Phone #1: _____
Street Address: _____	Phone #2: _____
City, State: _____ Zip Code: _____	How do you know this person? _____
E-mail: _____	

Do you know anyone that you think would be a great mentor to a youth in care? Recommend them below!

Contact Information

Name: _____
Street Address: _____
City, State: _____ Zip Code: _____ Phone: _____
E-mail: _____