

Pana Villa ASAP
1804 Flower Ave.
Panama City, FL 32405
(850) 784-1014
Fax (850) 784-0450
Terri Gainer
Executive Director



Glenwood ASAP
726 East 14th Court
Panama City, FL 32401
(850) 872-7202
Fax (850) 872-7264
LaKisha Ward
Assistant Director

Mentor Application

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (hm) _____ (cell) _____

Email Address: _____

Your Age: 0-20 21-40 41-60 Your Sex: M F

Have You Ever Been Convicted of a Crime With the Exception of Minor Traffic Offenses? yes no

If yes, Give Date, Place, Charge, and Disposition: _____

Have You Been Convicted of a Crime Under Another Name? yes no

If yes, give Date, Place, Charge, and Disposition: _____

Employment History

Please provide employment information.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (mm/yr)

Position Held: _____

Applicant Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?

2. Do you have any previous experience volunteering or working with youth? If so, please specify.

3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

4. Can you commit to participate in the ASAP program for a minimum of one year from the time you are matched with a youth?

5. Educational background (include schools and degrees).

6. Current and past participation in community activities (include any involvement with any youth service agency),

7. Describe yourself in one word.

8. How would you friends, family, and co-workers describe you?

9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

10. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.

11. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.

12. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

13. Cultural/creative/social activities that you enjoy and would like to share with a mentee?

Please read this carefully before signing:

ASAP appreciates your interest in becoming a mentor.

Please initial the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand ASAP is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow ASAP to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed. I understand upon completion of application, I will be required to complete a background screening before I can begin mentoring.

- Copy of your valid driver's license
- Interest Survey Form
- Personal Reference Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

Please return or mail this application and the items listed above to ASAP, 726 E. 14th Court, Panama City, FL 32401 or 1802 Flower Ave., Panama City, FL 32405

Mentor Interest Survey

Name: _____

Please complete all of the following. This survey will help ASAP know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee?
Please check all that apply.

Weekdays: _____ After school (2 pm – 5 pm): _____ Evenings (after 5 pm): _____
Weekends: _____ Other: _____

Please indicate age group(s) you are interested in working with:
_____ 6-8 _____ 9-11 _____ 12-16

Would you be willing to work with a child who has a disability? If so, please specify disabilities you would be willing to work with.

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your job and how did you choose the field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you admire and why?

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Reading
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

Personal References

Please give us the names, addresses and daytime telephone numbers of three persons who have known you for at least one year and well enough to couch for your character, reputation and morals. If employed, one of these persons must be your employer or supervisor. References will remain strictly confidential.

○ Name _____

Daytime Phone _____

Address _____

Relationship to applicant _____

Email address _____

○ Name _____

Daytime Phone _____

Address _____

Relationship to applicant _____

Email address _____

○ Name _____

Daytime Phone _____

Address _____

Relationship to applicant _____

Email address _____