

Montgomery County Ohio College Promise Program

Volunteer Mentor Application

Identifying Information

Name _____
First Middle Last

Gender _____ Male _____ Female

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer _____

Work Address _____

Work Phone _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Phone Numbers _____

Background Information

Ethnic Group

_____ American Indian or Alaskan Native _____ Asian or Pacific Islander

_____ Black or African American _____ Hispanic _____ White

_____ Multiracial _____ Other Please Specify _____

Age Category (Please Check One)

_____ 21-30 _____ 31-45 _____ 46-60 _____ 61 and over

Are you married? (circle one) Yes No

Do you have children? (circle one) Yes No

If yes, Sons (list ages) _____ Daughters (list ages) _____

Career/Education Information

Current Job Title _____

Previous Jobs _____

Highest Educational Degree

- _____ High School Graduate
- _____ Some College Courses
- _____ College Graduate
- _____ Other

College Degree or Major _____

List any clubs or organizations of which you are presently a member _____

Mentor Information

I am interested in becoming a mentor in the Montgomery County Ohio College Promise Program because (check all that apply)

- _____ Someone mentored me as a child or adult and it is my turn to give back what received
- _____ I think I'd be a positive role model
- _____ I like children
- _____ I have the time to give
- _____ I overcame difficulties growing up and would like to help someone else
- _____ I think I have the personality and ability to be a good mentor
- _____ I believe in the value of mentoring

How comfortable would you be in counseling your mentee regarding his or her poor use of judgment?

- _____ Very comfortable
- _____ Somewhat comfortable
- _____ Not comfortable

How comfortable would you be in counseling your mentee regarding drug or alcohol use?

- _____ Very comfortable
- _____ Somewhat comfortable
- _____ Not comfortable

Please indicate how comfortable you would be talking to your mentee about the following subjects:

	Very Comfortable	Somewhat Comfortable	Not Comfortable
Being Responsible			
Goal Setting			
Time Management			
College Planning			
Career Planning			
Hobbies/Interests			
Personal Problems			

What experience or training do you have working with children?

None
 A little (please specify) _____
 A lot (please Specify) _____

Please indicate how comfortable you would be in handling the following potential problems:

	Very Comfortable	Somewhat Comfortable	Not Comfortable
Your mentee does not show up for scheduled meetings at school			
Your mentee seems unresponsive to your attempts to build a relationship			
Your mentee shares sensitive thoughts or information with you			

In which school communities would you be willing to serve as a mentor? (Check all that apply)

All Montgomery County School Communities
 Brookville Centerville Dayton Huber Heights
 Jefferson Kettering Mad River Miamisburg
 New Lebanon Northmont Northridge Oakwood
 Trotwood Valley View Vandalia West Carrollton

Have you ever been arrested for, charged with, convicted of, or plead guilty or no contest to any criminal offense including felonies or misdemeanors (other than minor traffic violations)?

No Yes If yes, please explain _____

Is there anything else you would like us to know about you? _____

Who referred you? *Former mentors will be entered into a drawing for a prize.*

Please list name of individual: _____

References

Please list 3 references. Include at least one family member, one personal friend and, if applicable, one work reference.

Name _____

Address _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Relationship _____

=====

Name _____

Address _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Relationship _____

=====

Name _____

Address _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Relationship _____

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Volunteer Mentor Policies and Procedures Acknowledgement

As a volunteer mentor with the Montgomery County Ohio College Promise Program, I agree that I will adhere to the following standards:

- As a mentor I will always act in a manner that is in the best interest of my mentee.
- I will be reliable and maintain a regular schedule, committing to the agreed upon times for the weekly school visit.
- I will faithfully notify the School Liaison and the Montgomery County Ohio College Promise Program Office of cancellations and schedule changes.
- I will work independently in the designated area allowing other school personnel to carry out their responsibilities without interruption.
- I will meet with my mentee in an area where school staff can observe my mentee and me.
- I will not arrange contact with my mentee off school property unless it is under the supervision of the Montgomery County Ohio College Promise Program.
- I will not drive or transport my mentee or their family, with the exception of College Promise sponsored events and with the written permission of the parent/guardian.
- I will maintain confidentiality.
- I will attend a Montgomery County Ohio College Promise Program mentor training and orientation session.
- I will submit to Criminal Background checks as requested by the Montgomery County Ohio College Promise Program.
- I will notify the Montgomery County Ohio College Promise Program office if I must terminate my mentor position for any reason.

As a Montgomery County Ohio College Promise Program Mentor I understand that I am offering my mentoring services to the Montgomery County Ohio College Promise Program without compensation and without any rights to health benefits in case of injury. I hereby give my permission for the Montgomery County Ohio College Promise Program to perform a criminal background check so that I may be eligible to become a mentor and work in school buildings with my mentee. I give permission for the Montgomery County Ohio College Promise Program to release my application and criminal background check information as requested to the school buildings/districts that I might be assigned to.

I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge.

Mentor's Name (please print)

Signature

Date

Completed applications should be mailed to:
Montgomery County Ohio College Promise Program
1401 S. Main Street, Suite 100
Dayton, OH 45409

Email to: pgill@mcocp.org

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