

Date rec'd:
Rec'd by:

Y*E*S* Youth Empowerment Solutions
"Preparing today's you for tomorrow's world"
Mentoring Program
2389 Sherman, Suite 106
North Bend, OR 97459
541-297-7328 or 541-297-5542



Mentoring Program Application

First Name: _____ Last Name: _____ Date of Birth: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____
Work Phone Number: _____ Home Phone Number: _____ Gender: M F

1. Describe your experience with youth/young adult with disabilities?
2. Why would you like to be a Mentor?
3. What do you feel is the best way to develop a youth's/young adult's friendship and trust?
4. What are your interests?
5. What skills do you think would be beneficial for a youth during their transition into adulthood?
6. Is there a particular youth/young adult you would like to work with (i.e. quiet, outgoing, gender)?
7. What age group would you like to work with?
8. Would these time commitments work for your existing schedule?
One 1-2 hour pre-match training and orientation? Yes No
(Circle one)
Once a week for one hour? Yes No
(Circle one)
Disability/Support Education every 3-4 months Yes No
(Circle one)

Please list 3 References that we may contact:

	Name	Address	Phone	Years Acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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Mentor Application

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Where have you lived for the past 10 years (please list all locations)?

From _____ to _____
(Date) (Date)

from _____ to _____
(Date) (Date)

City: _____

City: _____

State: _____

State: _____

County: _____

County: _____

Do you have special needs?

- | | | | |
|----|---|-----|----|
| A. | Have you ever been convicted of a sex-related crime?
If yes, specify state _____
If yes, did the crime involve force of minors? | Yes | No |
| B. | Have you ever been convicted of a crime involving violence or threat of violence? | Yes | No |
| C. | Have you ever been convicted of a crime involving activity in drug and alcohol? | Yes | No |
| D. | Have you ever been convicted of a crime other than minor traffic violations? | Yes | No |
| E. | Have you ever been investigated for a crime other than minor Traffic violations? | Yes | No |

Notice: In order to process this request, the applicant must sign below. A check of references and the applicant's criminal history will be made by Coos/Curry County Law Enforcement agencies. An IIS check will be made by services to Children and Families to verify the information given. This information on the document is used for background investigation only. The information is confidential, and is kept in Curry Prevention Service's office files.

I hereby grant Curry Prevention Services and Community Partnership Team permission to check my references, and civil & criminal records to verify any statement made on this form.

Signature: _____ Date: _____

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