

Date Rec'd:  
Rec'd by:

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



## Mentoring Program Student Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

School Attending: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

1. Describe your experience working with special needs youth?
2. Why would you like to be a Mentor?
3. How do you develop a friendship and trust?
4. What are your interests and hobbies?
5. Is there a particular youth you would like to work with (i.e. quiet, outgoing, gender)?
6. Please list (3) references: Name, address, phone number and relationship?

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Relationship</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Where have you lived for the past 2 years (please list all cities)? \_\_\_\_\_

Do you have any special needs? \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_

Are you able to drive? \_\_\_\_\_

### Background Information

- Have you ever been convicted of a sex-related crime? Yes No
- Have you ever been investigated for a crime other than minor traffic violations? Yes No
- Have you ever been convicted of a crime other than minor traffic violations? Yes No
- Have you ever been convicted of a crime involving drug and alcohol abuse? Yes No
- Have you ever been convicted of a crime involving violence Or threat of violence? 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 this 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 permission to check my references, and civil & criminal records to verify any statement made on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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