

# JOURNEYMEN MENTOR APPLICATION



**Please complete and return all the following forms:**

1. Mentor Application (this page)
2. References & Legal Record
3. Application Questions
4. Background Check & Information Release
5. Mentor Survey

**Please return via fax, email or US mail as indicated below.**

Glenn Geffcken  
Journeymen Asheville  
**Email:** Journeymenasheville@gmail.com  
**Fax:** 828.707.9501  
**Mail:** PO Box 7125, Asheville, NC 28802

ALL INFORMATION ON THIS VOLUNTEER ENROLLMENT FORM IS CONFIDENTIAL

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Local Mailing Address (if different) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street City State Zip

Please list any other organizations you are currently involved with \_\_\_\_\_

---

---

---

## REFERENCES & LEGAL RECORD

Please list 4 persons who have known you for at least a year.

For example:

1. Your current or past employer
2. A co-worker or friend
3. Your significant other or someone with whom you reside. If you live alone, someone familiar with your home environment.
4. Someone who has observed you interacting with children.

1. \_\_\_\_\_  
NAME RELATIONSHIP PHONE  
\_\_\_\_\_  
CITY EMAIL YEARS KNOWN

2. \_\_\_\_\_  
NAME RELATIONSHIP PHONE  
\_\_\_\_\_  
CITY EMAIL YEARS KNOWN

3. \_\_\_\_\_  
NAME RELATIONSHIP PHONE  
\_\_\_\_\_  
CITY EMAIL YEARS KNOWN

4. \_\_\_\_\_  
NAME RELATIONSHIP PHONE  
\_\_\_\_\_  
CITY EMAIL YEARS KNOWN

## APPLICATION 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 Journeymen Mentoring Program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child in group or one-to-one for four hours per month? Please explain any particular scheduling issues.
6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
7. How would you describe yourself as a person?
8. How would your 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. Are you currently using any illegal drugs or controlled substances?

11. Do you drink alcoholic beverages? If so, how often?
12. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?
13. Do you use tobacco products? If so, how often?
14. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
15. Have you ever been hospitalized for a mental disorder? If yes, please explain.
16. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
17. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
18. 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?

*Please read this carefully before signing:*

Please initial each of the following:

\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of involvement with Journeymen.

\_\_\_\_\_ I understand that Journeymen Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ (Optional) I agree to allow Journeymen Mentoring Program 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 may result in the delay of my application being processed:

- Copy of your *valid* driver's license

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

## MENTOR INTEREST SURVEY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

This survey will help Journeymen Mentoring Program know more about you and your interests.  
This Information will help us in the event that you choose to mentor in a one on one relationship.

1. Do you speak any languages other than English? If so, which languages?
2. Would you be willing to work with a child who has disabilities? If so, please specify disabilities  
you would be willing to work with. \_\_\_\_\_
3. What are some favorite things you like to do with other people?
4. What are your favorite subjects to read about?
5. What is your job and how did you choose this field?
6. What is one goal you have set for the future?
7. If you could learn something new, what would it be?
8. What person do you most admire and why?
9. Describe your ideal Saturday