



Hope for Youth Alliance Mentor Application

**Please NOTE: Please fax or mail completed applications to:
Attention: Daniel Arellano 505 -753-2094 / Po Box 2458 Espanola, NM 87532**

We appreciate your interest in becoming a mentor. The information in this application will help us to match you with an urban youth and will be kept confidential.

Date _____

Name: _____ Address: _____ City: _____ Zip: _____

Ethnicity: _____ Gender: Male/Female

Date of Birth: _____ Age: _____ EMail: _____

Home Phone: _____ Cell Phone: _____

Family Information: Single Married Divorced Separated

Name of Spouse: _____ Children: _____

How did you find out about Hope for Youth Alliance? church mentor website board/staff
other _____

Would you agree to have us check your name through federal and state criminal records of child abuse and neglect proceedings? (Please circle) Yes No

Social Security Number: _____ **(Required for police check)**

Do you have a valid Drivers License? Yes / No

If yes, exp. Date _____ State _____

Do you have current vehicle insurance as required by New Mexico Law? Yes / No

Work Details:

Occupation: _____ **Company:** _____

Work Phone: _____

List any special interests, skills or hobbies you have:

List examples of any prior volunteer experience:

Please circle the words that describe your personality:

Spiritual Sensitive Quiet Outgoing Adventurousome

Happy Talkative Confident Moody Nervous

Friendly

Other: _____



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Spiritual Information

What parish/ church are you currently attending?

How long have you been involved?

Please write a short paragraph explaining your spiritual journey and talking about your present relationship with God.

What do you feel you have to offer a young person in the area of your own spiritual life and relationship with God?

What motivates you to take an interest in mentoring at-risk kids?



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List three people who can serve as a character reference for you. Please list at least one Christian Leader as a reference. (Pastor, Bible study leader, Sunday school teacher, etc)

Name _____
Address _____
City _____ State _____ Zip _____ Phone _____
Relationship _____

Name _____
Address _____
City _____ State _____ Zip _____ Phone _____
Relationship _____

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Address _____
City _____ State _____ Zip _____ Phone _____
Relationship _____

If you agree to become a mentor, you will be asked to agree to the following basic commitments:

- To serve as a Mentor, you will be asked to make a minimum commitment of one year with openness to continue in the relationship on a **long-term basis**.
- To attend 4 hours of Mentor Orientation and Training before you will be considered for a one-on-one match with a youth from Hope for Youth Alliance.
- To maintain weekly contact with your mentee either in person or by phone.
- To be dedicated and dependable in trying to assist your teen to achieve success in their spiritual, academic, and emotional development.
- To base your relationship on respect for the teen and their family.
- To maintain monthly phone contact with a mentor supervisor at Hope for Youth Alliance.
- To complete two community service project with your mentee every year.

Hope for Youth Alliance reserves the right to accept or decline volunteers based on the information gathered. For reasons of confidentiality Hope for Youth Alliance will not share this information or reasons of denial with any applicant.

I certify that the information I have supplied is correct to the best of my knowledge. I give my permission to Hope for Youth Alliance to contact the references provided and to complete a background check and a release of my motor vehicle records.

Signature _____ Date _____