

# Sponsor-A-Scholar Mentoring Program

## Mentor Application, Screening, and Training

The following procedures have been established for the selection of mentors for the Sponsor-A-Scholar Mentoring Program. These procedures are in effect in order to provide for the safety and well being of both the mentors and students who participate in Sponsor-A-Scholar and to ensure the integrity of the program.

### 1. Completion of the Sponsor-A-Scholar **Mentor Application**

The application includes space for listing of three (3) business or professional references, one of whom should be the applicant's present supervisor or professional associate. **All information in the application is confidential.**

### 2. Completion of the **Consent to Cause a Criminal Records Check**

A Criminal Records Check is conducted through the State of Wisconsin. Also, a driving record check is conducted and the applicant may be asked to submit proof of current auto insurance. Information contained in the completed checks is reviewed by the Senior Director of Sponsor-A-Scholar. Any information of a nature that questions the ability of the mentor to work safely with a child will be reviewed with the mentor by the Senior Director.

### 3. Completion of **New Mentor Training**

The applicant must complete a two hour training - covering an overview of the program, mentoring, job description and guidelines, the Asset Model, adolescence, communication, the basics of how to get started, and some role-play. A Mentor Manual will be distributed.

### 4. **Interview** with Sponsor-A-Scholar staff

Each new mentor will have a brief interview with the staff person responsible for his/her mentee to determine the best match possible.

**No mentor will be matched with a student until the above are completed.**





# MENTOR APPLICATION

<b>Office Use Only</b>	
Interview Date ___/___/___	Training Date ___/___/___
Background Check: <input type="checkbox"/> Y <input type="checkbox"/> N	
References: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Student's Name: _____	
Class: _____	
Match Date: ___/___/___	

## PLEASE PRINT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Home Email Address: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

The following information will be used in the matching process and for evaluation demographics:

Sex: Male Female Race: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Ages of Children: \_\_\_\_\_  
 Current Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Business Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ Length of Time with Employer: \_\_\_\_\_  
 Previous Employers (if less than 5 years with current employer): \_\_\_\_\_

Highest Level of Education Completed: High School Bachelors Masters Doctorate  
 Name(s) of Colleges and Degrees Bestowed: \_\_\_\_\_  
 Please list previous volunteer experience. \_\_\_\_\_

Please list clubs or organizations of which you are presently a member. \_\_\_\_\_

Have you had any previous experience working with teens? Yes No If yes, please explain. \_\_\_\_\_

What are some of your interests, hobbies or skills? \_\_\_\_\_

Do you speak any foreign languages fluently? Yes No If yes, what language(s)? \_\_\_\_\_

Are you able to commit to being a mentor for the duration of a student's high school career? Yes No  
 If not, how long are you able to commit? \_\_\_\_\_

Do you have any physical or mental conditions that would limit your ability to serve as a mentor? If so, please describe. \_\_\_\_\_

Do you have any prior or pending arrests or convictions?  Yes  No If yes, please explain. (Answering “yes” will not automatically disqualify you as a mentor.) \_\_\_\_\_

How did you hear about Sponsor-A-Scholar? \_\_\_\_\_

What can you offer to a teen in the Sponsor-A-Scholar Program? \_\_\_\_\_

What do you hope to gain from being a Sponsor-A-Scholar mentor? \_\_\_\_\_

Please list three business/professional references. Be sure to include all necessary details.

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, State, Zip			
Phone			
Email			
Relationship			

Please sign below to indicate that all of the information you have recorded on this application is accurate to the best of your knowledge.

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

All information contained in this application is confidential. For more information or questions, contact Marie Olmsted, Director of Mentoring & Partnership Development, at (414) 274-0828 or [molmsted@ymcamke.org](mailto:molmsted@ymcamke.org).







# PHOTO RELEASE

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I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I hereby agree to release and hold harmless the YMCA of Metropolitan Milwaukee and Milwaukee Mentors via electronic or media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product.

I am 18 years of age and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

