





## 7. EMPLOYMENT

Current Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Your position \_\_\_\_\_ Work Phone \_\_\_\_\_  
Can you be called at work? \_\_\_\_\_ Best Time \_\_\_\_\_  
Length of time at current job \_\_\_\_\_

Last Employer \_\_\_\_\_  
Address of Last Employer \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Length of time at that job \_\_\_\_\_

## 8. EDUCATIONAL RECORD (Please fill in the school and # of years completed)

High School \_\_\_\_\_  
Technical College \_\_\_\_\_  
College \_\_\_\_\_  
Graduate School \_\_\_\_\_  
College or Vocational Major \_\_\_\_\_

## 9. VOLUNTEER RECORD

List service clubs, fraternal organizations, and volunteer boards to which you belong (or have belonged in the past):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your past experience with children or youth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 10. HEALTH

How would you describe your present health? (circle one)

Poor                  Fair                  Good                  Excellent

Any physical limitations or concerns? \_\_\_\_\_

Taking any medication on a regular basis? \_\_\_\_\_



Are there any present or past experiences, events, or conditions which may be relevant regarding your relationship with a child? YES NO (circle one)

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received treatment for any of the following:

Mental or physical health issues \_\_\_\_\_

Substance Abuse \_\_\_\_\_

Physical/Sexual Abuse \_\_\_\_\_

**11. PERSONAL DATA:**

Please list any major interests, hobbies or activities you enjoy:

\_\_\_\_\_  
\_\_\_\_\_

Please list any skills in which you excel

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? YES NO (circle)

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**12. REFERENCES:**

Please give names, complete mailing addresses and phone numbers of at least three references. Suggestions for references might be a relative outside your home, an employer or co-worker, friend or neighbor, pastor or teacher. Please list people who know you well. They may or may not have seen you interact with children, though it would be beneficial to have some references listed who have.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_



### 13. THE MENTORING RELATIONSHIP

Briefly outline some of the learning experiences and activities that you would like to provide your child/youth:

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Time available for mentoring:

Preferable Days \_\_\_\_\_

Preferable Times \_\_\_\_\_

Any limitations \_\_\_\_\_

### 14. CHILD PREFERENCES: Please circle any that apply

1) Age:      8 - 12 years    12 - 15 years    15 - 17 years    Open to all ages

2) Personality Trait:    Extroverted (outgoing)      Introverted (shy)      no preference

3) Comprehension level: All children function at different levels and learn at different rates. In deciding which comprehension level you wish to work with, take into consideration your patience in helping a child catch on to a new activity or idea. Mark you first and second preference:

Above average \_\_\_\_\_    Average \_\_\_\_\_    Below average \_\_\_\_\_

Slow learner \_\_\_\_\_    Learning Disabled \_\_\_\_\_    Open to all \_\_\_\_\_

4) Are there any personality characteristics you feel your child/youth would need to possess?

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## 5) Issues of Concern:

Everyone has certain issues, some more difficult to cope with than others. Most children involved with Bridges Mentoring will have some of the issues/concerns listed below. Please check any that you would not be comfortable with.

- |   |  |
|---|--|
| <input type="checkbox"/> Withdrawn (unresponsive)                 | <input type="checkbox"/> Drug/Alcohol abuse            |
| <input type="checkbox"/> Quiet/Shy                                | <input type="checkbox"/> Eating Disorders              |
| <input type="checkbox"/> A loner                                  | <input type="checkbox"/> Sexually active               |
| <input type="checkbox"/> Lacks confidence                         | <input type="checkbox"/> Pregnancy/abortion            |
| <input type="checkbox"/> Doesn't show emotions (apathetic)        | <input type="checkbox"/> Dresses differently (fads)    |
| <input type="checkbox"/> Lacks motivation                         | <input type="checkbox"/> Emotional disabled            |
| <input type="checkbox"/> A loud child                             | <input type="checkbox"/> Mentally disabled             |
| <input type="checkbox"/> Doesn't respect authority (belligerence) | <input type="checkbox"/> Physically disabled           |
| <input type="checkbox"/> Exaggerates the truth (lying)            | <input type="checkbox"/> Poor hygiene                  |
| <input type="checkbox"/> Lacks good manners                       | <input type="checkbox"/> Skips school/poor grades      |
| <input type="checkbox"/> Lack of parental supervision             | <input type="checkbox"/> Problems with peers           |
| <input type="checkbox"/> Family problems                          | <input type="checkbox"/> Problems with parents         |
| <input type="checkbox"/> Economic deprivation                     | <input type="checkbox"/> Swearing/profanity            |
| <input type="checkbox"/> Court involvement                        | <input type="checkbox"/> Manipulator                   |
| <input type="checkbox"/> Uninvolved parent                        | <input type="checkbox"/> Talks constantly              |
| <input type="checkbox"/> Involvement of absent parents            | <input type="checkbox"/> Can't sit still (hyperactive) |
| <input type="checkbox"/> Mentally-ill parent                      | <input type="checkbox"/> Steals/shoplifting            |
| <input type="checkbox"/> Abused child                             | <input type="checkbox"/> Smokes cigarettes             |



BACKGROUND CHECK AND EXCHANGE  
OF INFORMATION RELEASE

I understand that as part of the process of applying to become a Bridges Mentoring volunteer, Bridges will do a background check (driving record and criminal history/record) and contact my references. I thereby authorize any herein named persons, and local and state agencies (employers, courts, health and social services), to release information requested by Bridges relevant to my volunteer candidacy.

I further understand that if I am accepted into the Kinship program, any final decision about whether I am an appropriate volunteer for a specific child rests with the parent/guardian of that child. Acceptance into the program does not guarantee that a match can or will be made. Any information obtained through this application process, and deemed, by the Bridges staff, to be relevant to my appropriateness as a volunteer for a particular child, may be communicated to the parent/guardian of that child. I understand that I will receive similar relevant information about the background and family of any child I am being considered for a match with, as deemed appropriate by the Bridges staff.

I have read and understand the above and give my permission for the background check and exchange of information I have provided as it pertains to the match process. I certify that all the information in my application is true and accurate. I understand that any misrepresentation of personal information or history may result in non-acceptance or termination from the Bridges program.

I understand that Bridges Kinship Mentoring can terminate my mentoring relationship if there are any circumstances they feel warrant such an action.

Applicant's Signature \_\_\_\_\_

Birthday \_\_\_\_\_ Today's Date \_\_\_\_\_

Social Security Number (necessary for background check) \_\_\_\_\_