

# FOSTER CARE SUPPORT FOUNDATION

## Hope 4 Tomorrow - Mentor Application (Please type or print neatly)

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Retired (y/n) \_\_\_\_\_

Ethnicity/Race \_\_\_\_\_ Educational Attainment (highest level) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Phone #1 \_\_\_\_\_ Type:  Cell  Home  Work

Phone #2 \_\_\_\_\_ Type:  Cell  Home  Work

Email \_\_\_\_\_

Preferred mentoring day: Choice #1 \_\_\_\_\_ Choice #2 \_\_\_\_\_

Best time of day to mentor (check all that apply):  Morning  Afternoon  Evening

**Why do you want to be a mentor?**

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**Do you foresee yourself having any problems meeting the time requirements of this program?** (1 year commitment to a mentee, minimum of 4 hours per month of in-person visitation, one contact per week via phone call/Facetime/Skype/or similar method, annual events/trainings/workshops with mentee)

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**Are you comfortable with the level of commitment needed to be a mentor?**

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**Describe special interests or hobbies that may be helpful in matching you with a mentee** (i.e. cooking, crafts, career interests, sports, games, computers, art, nature, languages, music, coaching, painting, etc.)

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**Have you mentored a child(ren) in the past?** \_\_\_\_ Yes \_\_\_\_ No      If yes, where? \_\_\_\_\_

**Do you have experience with working with youth that are disabled, handicapped, mentally challenged and/or learning disabled? If yes, please explain.**

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**Do you speak any language(s) other than English?** \_\_\_\_\_

**Home Addresses:** List for the last 10 years (current to oldest). Use separate sheet if more space is needed.

*Dates:* from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

*Dates:* from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**References:** Please provide three personal references (other than family members):

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Employment History:** List the three last places of employment with the most recent first.

1. Organization \_\_\_\_\_ Title \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_ Occupation \_\_\_\_\_

2. Organization \_\_\_\_\_ Title \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_ Occupation \_\_\_\_\_

3. Organization \_\_\_\_\_ Title \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_ Occupation \_\_\_\_\_

## Mentor Release Statement

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules, regulations, policies and procedures of the Hope for Tomorrow Mentoring Program at the Foster Care Support Foundation (hereafter known as "FCSF"). I understand that the program involves spending a minimum of four hours per month in person with the mentee as well as at least one communication with mentee per week for a minimum of one year. Further, I understand that I will attend any mandatory training sessions and communicate with staff regularly while participating in the program. I am willing to commit to one year in the program. I have not been convicted of (a) any felony of any kind, or any misdemeanor involving (b) harm or threat of harm to another person, (c) controlled substances, (d) acts of a sexual nature, or (e) cruelty to animals.

I am not under current indictment. Further, I hereby fully release, discharge and hold harmless FCSF, participating organizations and all of their employees, officers, directors, consultants, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the Hope for Tomorrow Mentoring Program.

I understand that the FCSF staff reserves the right to terminate a mentor from the program. The program does not encourage or approve of relationships established between mentor/mentee and family members beyond the organized and supervised activities of the program. I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a criminal check with the authorities. Program staff has final right of acceptance of applicant into the program and reserves the right to terminate a mentor from the program at any time. I have read this Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

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(Mentor Signature)

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(Date)

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(Printed Name)

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(Date)