



Youth Mentorship Program—Changing Lives, One Child at a Time

**NEW MENTOR APPLICATION FORM**

**INSTRUCTIONS:** THIS APPLICATION ASKS DIRECT AND PERSONAL QUESTIONS. BECAUSE WE ENTRUST OUR MENTORS WITH VULNERABLE YOUNG CHILDREN, IT IS IMPORTANT THAT WE HAVE AS MUCH INFORMATION AS POSSIBLE.

PLEASE COMPLETE THE FOLLOWING FORM AND RETURN IT TO US. YOU HAVE THE CHOICE OF:

(1.) EMAIL ONLINE FORM TO: [teresabretl@athletesforkids.org](mailto:teresabretl@athletesforkids.org)

(2.) MAIL PRINTED FORM TO: ATHLETES FOR KIDS, 3020 ISSAQUAH-PINE LAKE RD. #254 SAMMAMISH, WASHINGTON 98075

Your Full Name		
Age	Grade	High School
Home Address		
Home phone	Cell phone	
Your Email Address		
Parent Email Address	Parent Full Name	

1.) List all extracurricular and service activities in which you have participated while in high school. (Both on-campus and in the community.)

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2.) List all high school sports (competitive, not intramural) in which you have participated.

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3.) Have you ever been a mentor to any other person before (outside of your immediate family)? Please describe.

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4.) Describe three (3) reasons that you want to become an Athletes For Kids mentor:

A) \_\_\_\_\_  
\_\_\_\_\_

B) \_\_\_\_\_  
\_\_\_\_\_

C) \_\_\_\_\_  
\_\_\_\_\_

5.) Have you ever worked with children under the age of 12 before in any volunteer capacity? Please describe.

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

6.) Have you ever worked with children (or adults) before who have disabilities or special needs? Has any other member of your immediate family ever done so? Please describe.

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

7.) Are you willing to be assigned to a young child at least until graduation from high school (beyond that is up to you) who may have a disability. (NOTE: We will train you if you are selected for our program before assigning you to a young child; you will need to spend at least 6-8 hours each month with that child). \_\_\_\_\_

8.) 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? \_\_\_\_\_

9.) Are you willing to attend an initial mentor training session and then monthly meetings throughout the school year? (NOTE: Meeting attendance is required before being matched as well as throughout the duration of your match.) \_\_\_\_\_

10.) Are you willing and able to keep personal information about your match confidential? \_\_\_\_\_

11.) Would we have any concerns if we looked at your Facebook or MySpace page? \_\_\_\_\_

12.) [TO REMAIN CONFIDENTIAL] Have you ever been arrested for, charged with, or convicted of a felony or misdemeanor? If so, please give date(s) and circumstances.

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13.) [TO REMAIN CONFIDENTIAL] Have you ever been involved in disciplinary action such as suspension from school for any reason? If yes, please give the date(s), school, and circumstances.

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Please provide adult references that we may contact for letters of recommendation if necessary.

1. Name of one teacher at your high school
phone number and/or email
2. Name of one of your athletic coaches
phone number and/or email
3. Name of one other adult (e.g., friend or neighbor, outside of your immediate family whom we can contact for a character reference.)
phone number and/or email

AN OVERVIEW OF THE APPLICATION PROCESS

1.) YOUR COMPLETED APPLICATION WILL BE REVIEWED BY OUR SELECTION COMMITTEE. THE SELECTION COMMITTEE IS COMPOSED OF CURRENT ATHLETE-MENTORS AS WELL AS ADULT LEADERS.

2.) IF THE SELECTION COMMITTEE INVITES YOU FOR AN INTERVIEW, YOU WILL BE NOTIFIED.

3.) AFTER YOUR INTERVIEW, OUR SELECTION COMMITTEE WILL MEET TO DECIDE WHETHER TO RECOMMEND YOU AS A NEW MENTOR.

4.) IF RECOMMENDED AS A NEW MENTOR, YOU ARE THEN REQUIRED TO COMPLETE A NEW MENTOR TRAINING SESSION AND A STATE PATROL BACKGROUND CHECK BEFORE OFFICIALLY JOINING THE PROGRAM.

5.) AS AN OFFICIAL NEW MENTOR, WE WILL THEN MATCH YOU WITH A CHILD IN THE COMMUNITY WHO HAS A DISABILITY OR SOCIAL-SKILLS ISSUE. YOU WILL HAVE AN OPPORTUNITY TO MEET THEM AND THEIR PARENTS BEFOREHAND, TO MAKE SURE THEY AND YOU ARE COMFORTABLE WITH ONE ANOTHER.

6.) IF BOTH PARTIES AGREE, YOUR MENTORSHIP WILL BEGIN WHEN THE PARENTS SIGN OUR PARENTAL CONSENT FORM. YOU WILL THEN START VISITING YOUR CHILD AND SPENDING TIME WITH THEM ON A REGULAR BASIS. WE WILL GIVE YOU ALL THE DETAILS IN YOUR TRAINING SESSION.

7.) IF YOU HAVE ANY QUESTIONS ABOUT OUR PROGRAM, PLEASE ASK ONE OF THE CURRENT ATHLETE-MENTORS AT YOUR HIGH SCHOOL.

THANK YOU FOR APPLYING TO THE ATHLETES FOR KIDS PROGRAM.