

Family Centered Services
123 S. Marion St.
Bluffton, IN 46714



260-824-8574
Jen Simpson
Coordinator

Mentor Application

Personal Information

First Name _____ Middle Initial _____ Last Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Length of residence in Wells County _____

Religious Affiliation _____ Are you involved? _____ How long? _____

Do you have an automobile? _____ Do you have auto insurance? _____

Family status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Spouses Name (if applicable) _____ Spouse Phone Number _____ # of years married _____

of children at home _____ Names and ages of children _____

Emergency Contact (other than spouse) _____ Phone Number(s) _____

Do you anticipate any additions to your family in the next year? _____ Job changes? _____

Education/Employment & Interests

Highest level of education completed

High School Diploma _____ GED _____ Associate's _____ Bachelor's _____ Master's _____ Phd _____ Vocational/Technical Training _____

If you have a degree or special training, list your area(s) of expertise _____

Are you employed outside the home? _____ Where? _____ Position? _____

Can you be called at work? _____ What days/times do you work? _____ Hours/wk? _____

Supervisor's Name _____ Phone Number/extension _____

What are your interests and/or hobbies? _____

Are you involved in the community? If so, list the clubs/organizations and your involvement. _____

Criminal History

Have you ever been convicted of a crime? (excluding traffic tickets) _____ If yes, list date, charge, place, court, and action taken.

Have you ever been required to register as a sex offender? _____

Mentoring

How did you hear about the Wells County Mentor Mom Program? _____

Mentors are required to commit to the Program for one year. Are you willing and able to do so? _____

As a mentor, you are expected to make one face to face contact with your mentee every week and to attend the monthly meetings if at all possible. Meetings take place on the first Monday of every month from 6-8pm. Do you feel that you have space in your life for this type of commitment? _____

Describe your experience working with parents and/or children. _____

List any special skills or training associated with parenting or helping others. _____

Circle the topics you are comfortable discussing/working on with your mentee:

- | | | | |
|---------------|----------------------|-------------------------|-------------|
| Budgeting | Household management | Getting & keeping a job | Housing |
| Setting goals | Communication skills | Nutritious meals | Schooling |
| Parenting | Other _____ | Other _____ | Other _____ |

I am most interested in working
With families who are/have
(rank in order of interest)

Days/Times you are available to meet with your mentee
(circle all that apply)

	Morning	Afternoon	Evening
Children ages birth-4 _____	Monday _____	_____	_____
Children ages 5-8 _____	Tuesday _____	_____	_____
Children ages 9-12 _____	Wed. _____	_____	_____
Adolescents _____	Thurs. _____	_____	_____
Teen Parents _____	Friday _____	_____	_____
Adults _____	Sat. _____	_____	_____
	Sunday _____	_____	_____

Liability/Confidentiality Statement

I understand that I am a Mentor Mom Program volunteer, doing so under the guiding sponsorship of Family Centered Services of Indiana. I also understand that in performing as a volunteer I will be acting in an individual capacity and not as an agent, employee, or partner of Family Centered Services, but I will to the best of my ability uphold the agency's policies and values.

I also understand that all personal information obtained from social service agencies or through personal contact with each client will be held in strict confidence (not to be given to other parties without client's written consent).

I give my consent for my name to be released to the State Police for a Limited Criminal History check.

Volunteer Signature

Date