

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



260-824-8574  
Nicole Sliger  
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