



PCSAO Peer Mentoring Program

MENTOR APPLICATION

Personal Information:

Name: _____

Address _____
Street City State Zip

Home phone: _____ Cell phone: _____

E-mail address: _____

Gender: _____ Male _____ Female Birth date: _____ Race: _____

Name/address of employer or college: _____

Emergency Contact person: _____ Phone: _____

Do you have any medical issues we need to be aware of? _____

Volunteer Information:

1. Write a brief statement on why you would you like to be a mentor.

2. What do you feel are the strengths you can bring to this program?

3. How long were you in foster care? _____ County agency _____

If you are comfortable, briefly describe your experience in foster care:

4. Have you ever been convicted of any felony or misdemeanor? _____ Yes _____ No

5. If the answer is YES to questions 5, please explain below:

6. Educational Background (mark one):

Some high school College College major: _____
 High school graduate Technical school Other (specify) _____

7. What days/times are you available to attend the group activities? (check all that apply):

Saturday morning Saturday afternoon Sunday afternoon

8. Initial the five statements below:

_____ I am willing to follow the program guidelines and policies.
_____ I am willing to make a one-year commitment as a mentor.
_____ I understand that I am required to attend the mentor trainings.
_____ I agree to contact my mentee by phone or e-mail once a week.
_____ I agree to attend group activities with my mentee twice a month.

12. Please list three references (please include at least one from work or school reference):

Name _____	Name _____
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone number _____	Phone number _____
Relationship _____	Relationship _____

Name _____
Address _____
City _____ State _____ ZIP _____
Phone number _____
Relationship _____

In making this application to be a volunteer, I understand that the PCSAO Peer Mentoring Program routinely performs criminal check of all volunteers for the position of mentor. I agree to have references contacted, information confirmed and criminal record checks performed, as allowed by state and federal law, and as required by this program.

Social Security # _____

I certify to the best of my ability that the information provided on this application is true and accurate. I understand that misinformation knowingly provided here is grounds for dismissal.

Signature

Date

Please return this form to: **Shari Amigo, Peer Mentoring Program Manager**
Public Children Services Association of Ohio
510 E. Mound Street, Suite 200
Columbus, OH 43215
or
Fax: 614-228-5150

Questions? Please contact: Shari Amigo at **614-224-5802**, or e-mail: amigo.5@osu.edu