



**AUM FOUNDATION
PATHWAY 2 SUCCESS PROGRAM
MENTOR APPLICATION**

GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday (day and month): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Alternate Contact: _____

Can be another phone, email or person

BACKGROUND SCREENING

Will you agree to have the AUM Foundation's Pathway 2 Success (P2S) program check your background through federal and state agencies for criminal records and child abuse and neglect databases? Yes No

Have you ever been treated for alcohol or substance abuse? Yes No

MENTORING INFORMATION

You consent to having your photo used on social media. Yes No

Why do you want to be a mentor?

Do you classify yourself as an introvert or extrovert?

Do you have any previous experience volunteering, mentoring or working with youth? If so, please outline.

Do you have any hobbies or special skills?

What support or resources would you need to be successful as a mentor?

As a youth, did you have a mentor? If so, what did you find successful or challenging about being mentored?

Are you willing to:

Communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities and receive feedback regarding your participation in the Pathway 2 Success (P2S) program. Yes No

Attend an initial mentor training session? Yes No

Meet with your mentee a minimum of one (1) hour per week? Yes No

Commit to your mentee for a year? Yes No

REFERENCES

Please list the names, addresses and phone numbers of at least two (2) character references, plus one employer reference. Please list only non-relatives and those you have known for at least a year.

Name: _____ Years known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Name: _____ Years known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Name: _____ Years known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Name: _____ Years known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING.

By signing below, you agree to the truthfulness of all information listed on this application.

I have read and understand the program's rules, regulations and responsibilities for becoming a mentor. If selected, I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment. Disagree Agree

Signature

Date