Thank you for your interest in Starting Right, Now

Please indicate the following:

I would like to be a mentor in:

_____ Hillsborough County
_____ Pinellas County

I would prefer a:

_____ male student
_____ female student
Mentor Application

I understand that I am offering my services as a mentor to *Starting Right, Now*. In filling out this form, I understand that my background information will be checked on the website of the Hillsborough County Sheriff Office and the Florida Department of Corrections. I understand that if accepted as a mentor, I will have to undergo fingerprinting and FBI screening – a fee that I will pay via money order directly to Fingerprinting Services by the applicant. I understand that I am offering my services without compensation.

Legal Name_____________________________________________________________________

Last                           First                           Maiden Name

Home Address_________________________________________________________________________

Number and Street

How long have you resided at the above address? __________________________

If less than five years, previous address (please include city and state if not Tampa)

________________________________________________________

Telephone Number (Home) ________________ (Cell) ________________

E-mail Address________________________ Date of Birth ______________________

Occupation: ___________________________ Employer:_____________________________

Gender: Male ______ Female ______

Marital Status: Married _____ Single _____ Widowed _____ Divorced_____ Separated____

Highest level of education completed: _________________________________________

Spouse’s Name _______________________________ Will spouse be involved in program?____

Highest level of education for spouse

Childrens Names and ages

________________________________________________________

________________________________________________________
Do you currently work? ______ If so, where? _____________________________________________

Supervisor’s name and phone number _____________________________________________

What are your hours? _____________________________________________

If not currently working, where did you previously work? __________________________

Supervisor’s name and phone number _____________________________________________

Special skills, languages or hobbies: _____________________________________________

Do you own a car? ______________________________

Do you have prior mentoring experience? ______ If so, with whom? __________________________

List any previous experience you have with youth or other volunteer activities:

Who referred you to this program?

References: Please list three persons who know you well and would be in a position to evaluate your qualifications and ability to mentor. Do not list relatives, significant others or those that have known you for less than two years. You may list a supervisor as long as you have been employed for at least three years for that person. We will not call your work unless you authorize us to do so.

1. 

   Name                              Telephone Number                              E-mail Address

2. 

   Name                              Telephone Number                              E-mail Address

3. 

   Name                              Telephone Number                              E-mail Address
Have you ever been convicted, pled no contest, or had adjudication withheld in a criminal offense, felony, misdemeanor or are there any criminal charges now pending against you other than a minor traffic violation? Yes ___  No___ If yes, please explain circumstances on a separate sheet.

I certify that all information on this application is true and complete. Any misrepresentation, omission or incorrect statement of facts is cause for immediate dismissal of me as a mentor. I also understand that any other person in contact with my mentoring family, including family members, will need to complete a mentor application prior to contact with the family. Youths will not be fingerprinted.

Signature of applicant: ________________________________ Date: __________________

Please do not write below this line. For office use only.

New Volunteer________ Returning Volunteer ___________ Family Member ____________

Background Check:
Δ Record Found    Δ No Record Found    Δ Fingerprint Clear    Δ Fingerprint Not Clear

Mentor Interviewed by: ________________________________

Δ Approved    Δ Denied

Volunteer Withdraw or Termination Date: ______________________________

Reason: ________________________________

________________________________________________________

________________________________________________________