



STARTING
RIGHT,
NOW

5328 Primrose Lake Circle

Suite A

Tampa, FL 33647

Tel: 813-868-1995

Fax: 813-972-2700

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 Sherriff 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:

