

Do you have any physical or mental condition which may limit your ability to serve as a mentor? _____

If so, please describe: _____

Do you sincerely feel you can meet with a child on a regular basis for at least a year? _____

REFERENCES:

Please list the names and addresses of four (4) persons who can vouch for your reputation and character and who have known you for at least two (2) years. Also, include your present employer as a reference. We may contact references by phone or mail.

Personal References: When listing personal references, please us the name of people who have seen you work with children. If you know the best time for us to reach them, please include that information.

Name _____ Home Phone _____ Cell Phone _____

Address: _____
City/ State/ Zip

Name _____ Home Phone _____ Cell Phone _____

Address: _____
City/ State/ Zip

Family Reference:

Name _____ Home Phone _____ Cell Phone _____

Address: _____
City/ State/ Zip

Employer or Supervisor Reference:

Name _____ Home Phone _____ Cell Phone _____

Address: _____
City/ State/ Zip

**** Please notify your references and encourage them to return our calls as soon as possible after receiving them.**

Volunteer Policy and Profile:

Mentor Mesabi is a social service program designed to help children who have shown a need for a strong relationship with an interested and caring adult. Therefore, the assessment process is designed to do two things: (1) First, to determine whether you and this program fit well together. Past and present information regarding family, health, personality, behavior, interests, etc. will be discussed. (2) Second, to get a sense of whom you are so we can make the best possible match. Information on your background and interests will be shared with the parent/ guardian of your potential Mentor Mesabi child on a first name basis. Similar information will be shared with you regarding the child. While this program is an interfaith and interracial one, the desires of all concerned parties are respected in the selection process. Any party has the right to refuse a proposed match based on the information communicated.

The undersigned acknowledges and agrees that: (1) He/ she is not obligated, if called upon, to perform the volunteer services herein applied for and the agency is not obligated to assign, or actively seek to assign, him/ her a child and (2) As part of the agency's assessment process, additional personal information may be elicited from the applicant by professional agency personnel. (3) I acknowledge that I have read and understand the above information. (4) I also agree to contact Mentor Mesabi staff if any critical information (i.e. license revocation, DUI's, criminal charges and/ or convictions) occurs after I have become part of the Mentor Mesabi program.

SIGNATURE: _____ DATE: _____