

# VOLUNTEER MENTOR APPLICATION

(Please return to One True Light, Inc. P.O. Box 1883, Duncan, OK 73534)  
(Questions? Please call Carol Wanzor, Director (580) 467-8133)



## Personal Information:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Ethnicity \_\_\_\_\_ Marital Status: Married  Single  Divorced  Widowed

Emergency Contact (name/number) \_\_\_\_\_ relationship \_\_\_\_\_

## Education:

Grade Completed (H.S.) \_\_\_\_\_ College Completed (years) \_\_\_\_\_ Degree \_\_\_\_\_

Languages you speak other than English \_\_\_\_\_

## Employment:

Current Employer \_\_\_\_\_ Length of Time \_\_\_\_\_

Boss/Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your position \_\_\_\_\_

## Church Affiliation:

Are you a member of a local church? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

## Mentoring Information:

Why would you like to become a mentor? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What challenges do you think young people face today that they need help with the most? \_\_\_\_\_

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How/Why do you think you can help children or youth by becoming a mentor? \_\_\_\_\_

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Did you have a mentor as a child? Yes  No  Have you participated in a mentoring program in the past? Yes  No  If so, when/where? \_\_\_\_\_

Will you be able to fulfill the commitment of the program-1 hr/wk for 1 school year? Yes  No

Do you have prior experience working with children? \_\_\_\_\_

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What do you hope to gain by mentoring? What do you hope that your mentee gains from the relationship? \_\_\_\_\_

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Mentoring sessions are for one hour during the school day. Please check the times you could be available.

**a.m.** = times between(7:30am-11:59am)      **p.m.** = times between (12pm-3:30pm)

**after school**= 3:30p-5:30pm or immediately following dismissal at assigned school

<b><u>Monday:</u></b>	a.m. only <input type="checkbox"/>	p.m. only <input type="checkbox"/>	after school only <input type="checkbox"/>	any of the listed times <input type="checkbox"/>
<b><u>Tuesday:</u></b>	a.m. only <input type="checkbox"/>	p.m. only <input type="checkbox"/>	after school only <input type="checkbox"/>	any of the listed times <input type="checkbox"/>
<b><u>Wednesday:</u></b>	a.m. only <input type="checkbox"/>	p.m. only <input type="checkbox"/>	after school only <input type="checkbox"/>	any of the listed times <input type="checkbox"/>
<b><u>Thursday:</u></b>	a.m. only <input type="checkbox"/>	p.m. only <input type="checkbox"/>	after school only <input type="checkbox"/>	any of the listed times <input type="checkbox"/>
<b><u>Friday:</u></b>	a.m. only <input type="checkbox"/>	p.m. only <input type="checkbox"/>	after school only <input type="checkbox"/>	any of the listed times <input type="checkbox"/>

Please prioritize, (using 1,2,3), the following criteria that you would prefer in a mentee:

Ethnicity:	Caucasion <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/>	Does not matter <input type="checkbox"/>
Temperament:	Active/talkative <input type="checkbox"/> Withdrawn/shy <input type="checkbox"/>	Does not matter <input type="checkbox"/>
Grade Level:	Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/>	Does not matter <input type="checkbox"/>

**Prospective Mentor Background Information:**

Have you ever been convicted of abuse or neglect of a child? Yes  No

Are you registered as a sex offender in any state? Yes  No

Have you been abused or molested yourself as a child or youth? Yes  No  If yes, please explain:

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Have you ever been convicted of a misdemeanor or of a felony? Yes  No  If yes, please explain:

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One True Light, Inc. will be conducting a national criminal background check. Would you expect this review of your criminal history to reveal anything that will cause a concern or disqualify you for the position of mentor? Yes  No  If yes, please explain:

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Please list names and daytime phone numbers of one personal and two professional references:

Personal:

Name \_\_\_\_\_ Best Phone # \_\_\_\_\_

Professional:

Name \_\_\_\_\_ Best Phone # \_\_\_\_\_

Name \_\_\_\_\_ Best Phone # \_\_\_\_\_

*I certify that all information submitted on this application is true and complete to the best of my knowledge. I understand that any false information, omissions, or misrepresentation of facts may be cause for denial of my application or, if I am already a volunteer, may be cause for discharge at any time.*

*By my signature and of my free will, I do hereby agree to indemnify and not hold culpable One True Light, Inc., Link ONE, or any of its agents for any and all claims or demands, costs or expenses arising out of any injuries, damages or other losses, whether personal or property sustained by me during any mentoring visits or any activity sponsored by Link ONE.*

*By signing this document, I am agreeing to have the above listed references contacted. I further understand that Link ONE is not obligated to match me with a student and, should Link ONE not match me with a student, the reasoning will not be disclosed. I understand that the above information will be retained in my personal file as property of One True Light, Inc. and Link ONE.*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Representative of Link ONE / One True Light, Inc.*

\_\_\_\_\_  
*Date*