

Save Our Youth Mentor Application

NOTE: Please fax or mail completed applications to:
Attn: Jill Meyer, 303-480-1397 / 3443 W. 23rd Avenue Denver, CO 80211

We appreciate your interest in becoming a mentor. The information in this application will help us to match you with an urban youth and will be kept confidential.

Date _____

Name: _____ Address: _____

City: _____ Zip: _____

Ethnicity: _____ Gender: Male/Female

Date of Birth: _____ Age: _____

E- Mail: _____

Home Phone: _____ Cell Phone: _____

Family: Single Married Divorced Separated

Name of Spouse: _____ Children: _____

How did you find out about Save Our Youth? ___ church ___ mentor ___ website ___ board/staff
other _____

Would you agree to have us check your name through federal and state criminal records of child abuse and neglect proceedings? (Please circle) Yes No

Social Security Number: _____ (Required for police check)

Do you have a valid Drivers License? Yes / No If yes, exp. Date _____ State _____

Do you have current vehicle insurance as required by Colorado law? Yes / No

Work Details:

Occupation: _____ Company: _____

Work Phone: _____

List any special interests, skills or hobbies you have:

List examples of any prior volunteer experience:

Please circle the words that describe your personality:

Spiritual Sensitive Quiet Outgoing

Adventuresome Happy Shy Talkative

Confident Moody Nervous Friendly

Other: _____

Save Our Youth Mentor Application

Spiritual Information

What parish/ church are you currently attending?

How long have you been involved?

Please write a short paragraph explaining your spiritual journey and talking about your present relationship with God.

What do you feel you have to offer a young person in the area of your own spiritual life and relationship with God?

What motivates you to take an interest in urban kids?

Save Our Youth Mentor Application

List three people who can serve as a character reference for you. Please list at least one Christian Leader as a reference. (Pastor, Bible study leader, Sunday school teacher, etc)

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Relationship _____

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Relationship _____

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Relationship _____

If you agree to become a mentor, you will be asked to agree to the following basic requirements:

- ♣ To serve as a **Mentor**, you will be asked to make a minimum commitment of one year with openness to continue in the relationship on a long-term basis.
- ♣ To attend 4 hours of Mentor Orientation and Training before you will be considered for a one-on-one match with an urban youth.
- ♣ To maintain weekly contact with your mentee either in person or by phone.
- ♣ To be dedicated and dependable in trying to assist your teen to achieve success in their spiritual, educational and emotional development.
- ♣ To base your relationship on respect for the teen and their family.
- ♣ To maintain monthly phone contact with a mentor supervisor at Save Our Youth.
- ♣ To complete one community service project with your mentee every year.

Save Our Youth reserves the right to accept or decline volunteers based on the information gathered. For reasons of confidentiality Save Our Youth will not share this information or reasons of denial with any applicant.

I certify that the information I have supplied is correct to the best of my knowledge. I give my permission to contact the references provided and to complete a background check and a release of my motor vehicle records.

Signature _____

Date _____