



ORPHAN CARE ALLIANCE
Serving the fatherless, one need at a time.

Mentor Application

Program Interest

- Foster Teen Mom's
- Age Out Mentoring
- Breakthrough Tutoring
- Other Volunteer

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

E-Mail Address: _____

Date of Birth ___/___/___ Gender: Male Female

Marital Status: ___ S ___ M ___ D ___ W If divorced, when? _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Optional Information: *(for nondiscrimination reporting purposes)*

Race: ___ African American, ___ Asian, ___ Hispanic, ___ Caucasian, ___ Other: ___

Education

High School: 9 10 11 12

College: 1 2 3 4 Degree: _____ Post Graduate: _____

Other Training:

Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Church Affiliation

Name: _____ Pastor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ How Long Have You Attended: _____

Please give a brief explanation of previous & current involvement:

Statement of Faith

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity and humanity of Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, in His present rule as Head of the Church and in His personal return in power and glory.
4. We believe that, for the salvation of lost and sinful man, repentance of sin and faith in Jesus Christ results in regeneration by the Holy Spirit and that Jesus Christ is the only way of salvation.
5. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost, they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ, with equality across racial, gender, and class differences.

By signing below I am affirming my belief in the above statement of faith:

Print Full Name

Signature

Date

Legal

Have you ever been convicted of a felony? Yes No
If yes, please specify on Conviction Report Form.

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Being a mentor ministry requires that you:
 - Be married, and with children (for mentoring foster teen moms ONLY)
 - Be a Christian for a minimum of one year
 - Attend a six hour mentor orientation
 - Complete the screening process
 - Interview
 - Three references
 - Background check

Do you meet these requirements? Yes No

2. Would you have any restrictions affecting your availability and your ability to meet weekly with a child (family, car, license, schedule, etc.)?

3. Have you had any recent injuries or illnesses or do you have any physical challenges or limitations that would impact your ability to maintain a weekly commitment?

4. If applicable, how would you rate your marriage? Great, Okay, Working on it
Please explain:

5. Write out a brief personal testimony of how you came to Christ.

6. Why do you want to become a mentor?

7. Do you have any previous experience volunteering or working with youth? If so, please specify.

8. Please list your hobbies and interests:

9. How would you describe yourself as a person?

10. How would your friends, family, and co-workers describe you?

11. Are you willing to communicate regularly and openly with program staff, provide information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program? Yes, No

Please read this carefully before signing:

Orphan Care Alliance Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that Orphan Care Alliance Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow Orphan Care Alliance Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license
- Proof of auto insurance
- Information Release Form
- Personal References Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

Please return or mail this application and the items listed above to Mentoring Program, Orphan Care Alliance, Amy Coleman, 7608 Highway 146, Suite 300, Pewee Valley, KY 40056.

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Information Release

I, _____, understand it will be necessary for Orphan Care Alliance Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Orphan Care Alliance to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for Orphan Care Alliance to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about me will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature Date

Full Name _____ Maiden Name _____

Current Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____

Social Security Number ____/____/____

Current Driver's License No. _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

City _____ State _____ From (m/year) _____
To (m/year)

City _____ State _____ From (m/year) _____
To (m/year)

ORPHAN CARE ALLIANCE MENTORING PROGRAM

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Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information Orphan Care Alliance Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Personal Reference Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Best Time to Call: _____

Relationship: _____ How long known: _____

Email Address: _____

Personal Reference Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Best Time to Call: _____

Relationship: _____ How long known: _____

Email Address: _____

Pastoral Reference: _____

Church: _____ How long known: _____

City: _____ State: _____ Zip: _____

Phone: _____ Best Time to Call: _____

Email Address: _____

ORPHAN CARE ALLIANCE MENTORING PROGRAM

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Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help Orphan Care Alliance Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends: ___
Other: ___

Please indicate age group(s) and/or you are interested in working with:

Age: ___11–14 ___15–18 ___19–21 Ethnicity: _____

Gender: Male _____ Female _____

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. _____

What are some favorite things you like to do with other people?