

First Nations Community HealthSource

Mentor Application

Feel free to type your answers in the text boxes provided below or print your application and write your answers with a black or blue pen. Once completed, you may (1) Scan and email your application to YMP Case Managers or (2) Turn in your application at First Nations Community HealthSource - Truman Clinic (625 Truman St. NE Albuquerque, NM 87110). Once submitted, our case managers will contact you shortly.

Persor	nal Information					
Name:				Date:		
Street	Address:					
City: _			_ S	tate:	Zip Code:	
	Phone:			Vork Phone	e:	
Social	Security #:					
Gender	r: Male: Female:					
Please	list all members of your hous	sehold				
Name		Sex	Age	Relation	nship to Applicant	
Б. 1						
•	yment History	on for the i	aget five ve	earc with	most recent position held first. If	
	pace is needed use an extra she			cars, with	most recent position neighbors. If	
1.	Employer:					
	City:		State:		Zip Code:	
	Supervisor's Name:				Title:	
	Dates of Employment:					
2.	Employer:					
	Street Address:					
	City:		State:		Zip Code:	
	Supervisor's Name:				Title:	
	Phone:					
	Dates of Employment:			/ear)		



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3.	Employer:			
	Street Address:			
	City:		State:	Zip Code:
	Supervisor's Name:			Title:
	Phone:		Position Held:	
	Dates of Employment:	_to	(m/year)	
4.	Employer:			
	Street Address:			
	City:		State:	Zip Code:
	Supervisor's Name:			Title:
	Phone:		Position Held:	
	Dates of Employment:	_to	(m/year)	
	heet of paper or write on the back of			ble. If more space is needed, use an
1.	Why do you want to become a m	entor?		
2.	Do you have any previous experi	ence N	Mentoring or workin	g with youth? If so, please specify.
3.	What qualities, skills, or other att explain.	ributes	s do you feel you ha	ve that would benefit a youth? Please



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4.	Can you commit to participate in the Youth Mentoring Program for a minimum of one year from the time you are matched with a youth? If no, please specify.
5.	Are you available to meet with a child 5 hours per month and have contact at least once per week? Please explain any particular scheduling issues.
6.	Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
7.	How would you describe yourself as a person?
8.	How would your friends, family, and co-workers describe you?
9.	Have you ever been arrested or convicted of a crime? If so, what were the circumstances?



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10.	Have you ever used illegal drugs? If so, what substances were used and how often?
11.	Are you currently using any illegal drugs or controlled substances? If so, what and how often
12.	Do you drink alcoholic beverages? If so, what and how often?
13.	Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?
14.	Do you use tobacco products? If so, what and how often?
15.	Have you ever received treatment for alcohol or substance abuse? If yes, please explain.



16.	Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
17.	Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
18.	Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
19.	Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your Mentoring activities, and receive feedback regarding any difficulties during your participation in the Mentoring program?
20.	Are you willing to attend an initial Mentor training session and two in-service training sessions per year after being matched?



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Please read this carefully before signing:

Youth Mentoring Program appreciates your interest in becoming a Mentor.

Please initial each of the following:
(please initial) I agree to follow all Mentoring program guidelines and understand that any violation will result in suspension and/or termination of the Mentoring relationship.
(please initial) I understand that the Youth Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a Mentor.
(optional-please initial) I agree to allow Youth Mentoring Program to use any photographic mage of me taken while participating in the Mentoring program. These images may be used in promotions or other related marketing materials.
understand I must return all of the following <i>completed</i> items along with this application, and that any ncomplete information will result in the delay of my application being processed: • Copy of your valid driver's license and proof of auto insurance
Information Release Form
Personal References Form
Interest Survey Form
DMV Release Form (state agency form)
Criminal History Release Form (state agency form)
Child Abuse and Neglect Release Form (state agency form)
• Sexual Offender Release Form (state agency form)
By signing below, I attest to the truthfulness of all information listed on this application and agree to all he above terms and conditions.
Signature: Date:
Please sign document with an original signature and mail or email this application and items listed

Please sign document with an original signature and mail or email this application and items listed above to Youth Mentoring Program Case Managers.

First Nations Community HealthSource, 5608 Zuni Rd SE, Albuquerque, NM 87108



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Information Release

l,		, understand it	will be necessary for Youth
Mentoring Program personal references		ck regarding my	will be necessary for Youth driving record, criminal history,
driving record, lega agency, my employ Further, I provide	al/criminal history, character referer, and personal references for the	erences, and emple e purposes of part Community Hea	needed information regarding my oyment from any state or federal ticipating in a Mentoring program. althSource to conduct the same ed.
prospective mentee Mentor/Mentee ma	(s) and his/her parent(s)/guardian tch is determined, my identity an	n(s) to aid in dete and any other info	(without my name) shared with a rmining a suitable match. Once a rmation known about me may be tating a safe and successful match
Full Name:			
Address:			
			Zip Code:
Date of Birth:			
Social Security Nur	mber:	_	
Current Driver's Li	cense No.:		State:
Signature:		Σ	Date:
Please sign docu	ment with an original signature	and mail or email	this application and items listed
	above to Youth Mentoring	Program Case Ma	anagers.
First Nat	tions Community HealthSource, 50	608 Zuni Rd SE, A	Albuquerque, NM 87108
Please list a	ny other cities, states, and dat	tes of residency	during the past 10 years.
City	To (m/year)	State	From (m/year)
City	To (m/year)	State	From (m/year)
City	To (m/year)	State	From (m/year)
City	To (m/year)	State	From (m/year)



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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 Youth Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

1. R	Relative's Name:						
	ity:						
R	elationship:		How Long Known:				
P	hone:						
2. R	elative's Name:						
	ddress:						
	ity:						
R	elationship:		How Long Known:				
P	hone:						
3. R	elative's Name:						
	ity:						
R	elationship:		How Long Known:				
P	hone:						



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Mentor Interest Survey

Name:	Date:
Please complete all the following. This surve and your interests and help us find a good ma	y will help Youth Mentoring Program know more about you atch for you.
What are the most convenient times for you t	to meet with your mentee? Please check all that apply.
Weekdays: Lunchtime:	After school:
Evenings: Weekends:	Other:
If other, please specify:	
Please indicate age group(s) and/or you are in	nterested in working with:
Age: 4-6: 7-10: 11–15:	16-18:
Ethnicity:	
Do you speak any languages other than Engl	ish? If so, which languages?
Would you be willing to work with a child w would be willing to work with.	ho has disabilities? If so, please specify disabilities you
What are some favorite things you like to do	with other people?
What are your favorite subjects to read about	?
What is your job and how did you choose thi	s field?

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What is one goal you have set for the future?
If you could learn something new, what would it be?
What person do you most admire and why?
Describe your ideal Saturday.

Please check all activities you are interested in:

Biking	Camping	Science	Cooking	Library
Hiking	Boating	Music	Sports	Yoga
Golf	Swimming	Gardening	Parks	Movies
Fishing	Animals	Eating	Board Games	Shopping

List any other areas of strong interest:



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Mentor Contract

Name:	Date:	
By choosing to participate in the Youth Mentoring Program, I agree to:		

• Follow all rules and guidelines as outlined by the Case Managers, Mentor training, program policies, and this contract

- Be flexible and provide the necessary support and advice to help my Mentee succeed
- Make a one-year commitment to being matched with my mentee
- Meet at least four hours per month with my mentee
- Make at least weekly contact with my mentee
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my Mentee at least 24 hours beforehand if I am unable to make a meeting
- Submit monthly meeting times and activities to the Case Managers, and regularly and openly communicate with the Case Managers as requested
- Participate in at least one group activity per quarter (totaling to 4 annually).
- Inform the Case Managers of any difficulties or areas of concern that may arise in the relationship
- Keep any information that my Mentee tells me confidential except as may cause him or others harm
- Always obey traffic laws when in the presence of my Mentee and keep a copy of his/her health insurance coverage in the automobile at all times when traveling together
- Never be in the presence of my Mentee when I have or am consuming alcohol, tobacco, or controlled substances
- Participate in a closure process when that time comes
- Notify the Case Managers if I have any changes in address, phone number, or employment status
- Attend in-service Mentor training sessions twice per year

(please initial) I understand that upon match closure, future contact with my Mentee is beyond
the scope of the Youth Mentoring Program and may happen only by the mutual consensus of the Mentor,
the mentee, and parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the Case Managers at this time or in the future.

the Case Managers at this time or in the future.	
Signature:	Date:

<u>Please sign document with an original signature</u> and mail or email this application and items listed above to Youth Mentoring Program Case Managers.

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