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## MENTOR APPLICATION

### PERSONAL DATA

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell #: \_\_\_\_\_

If less than two years, please list previous address: \_\_\_\_\_

Best time/place to be reached: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Emergency Contacts:

Name	Relation	Phone #	Cell #

Sponsoring Congregation/ Civic Group: \_\_\_\_\_

Marital status:  
 Single     Married    Please indicate other \_\_\_\_\_

Please list names and birth dates of all people residing in your home:

Name	DOB	Relation

Please list any civic, social, or professional organizations you belong to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you own a gun or firearm? \_\_\_\_\_

Have you ever applied to become a mentor in the past? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Please list the geographic area, city or town in which you would like your mentee to live: \_\_\_\_\_

**EMPLOYMENT /VOLUNTEER DATA**  
(If not employed, please give organization(s) where you volunteer.)

Employer/ Organization's name:

\_\_\_\_\_

Employer/Org. address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Can you be contacted at work \_\_\_\_ Yes \_\_\_\_ No

Your position/title: \_\_\_\_\_ Dates worked there: \_\_\_\_\_

**PREVIOUS EMPLOYMENT/VOLUNTEER HISTORY**

Name of Employer/Org.	Position	Dates	Reason for Leaving
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**EDUCATIONAL DATA**

Highest level education completed: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Dates: \_\_\_\_\_

Major subject: \_\_\_\_\_ Year graduated: \_\_\_\_\_

Do you speak a second language: Yes \_\_\_\_ No \_\_\_\_ If yes please list language(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**REFERENCES**

Please list full names and addresses of two personal character references that you have known for at least two years and are not related to you. The third reference should be a professional reference: employer, supervisor or clergy. Please notify these individuals to expect written or oral contact by this agency. Please print legibly and completely.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **CERTIFICATION OF TRUE AND ACCURATE INFORMATION**

I certify, to the best of my ability, that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent volunteer information forms, is grounds for removal from the program.

I acknowledge and agree that I am not obligated, if called upon, to perform the volunteer services herein applied for and that Covenant to Care for Children is not obligated to assign, or actively seek to assign me a mentee (youth) and, as part of the agency's matching process, additional personal information will be elicited from me by professional personnel of the agency. I understand that my application becomes the property of Covenant to Care for Children and that in the event of denial the reason for the same need not be given.

It is the policy of CCC to keep this and any other document that contains either the Social Security or personal information of the applicant in a locked file cabinet. Access to this file cabinet is limited to the Executive Director, Associate Director, Mentoring Program Coordinator, and the Mentoring Team Leader. In the event that a third party needs to view a document with either the Social Security number or personal information of the applicant, such information will be blocked out. Applications from potential mentors not accepted into the program will be shredded immediately.

Program files, staff and volunteer files are not permitted to leave the CCC premises unless permission is granted by the persons named in the files or through court action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Please attach or include:**

- A copy of your driver's license.
- A copy of current proof of insurance for your motor vehicle.
- Signed Confidentiality Policy

*Please note: Covenant to Care for Children does not discriminate with regard to applicant's race, color, creed, gender, and sexual orientation, and marital status, place of natural origin, age or disability.*