

# **OreMi Mentoring Program**

## **Family Support Services of the Bay Area**

### **Mentor Application Instructions**

Dear Mentor Applicant,

Thank you for choosing to participate in the OreMi Mentoring Program. Being a mentor is a wonderfully rewarding way to help a deserving child reach their potential. The screening process is an important part of the program and is used to ensure the best possible matches for our perspective mentees and mentors. Please review each document thoroughly and complete all questions.

**Note: The information you provide on this application will be kept confidential. It will be used by the personnel of the OreMi Mentoring Program at Family Support Services of the Bay Area to help us access your program eligibility. Submitting an application to the OreMi Mentoring Program does not guarantee acceptance or matching in our program.**

#### **STEP 1:**

Complete the following application materials:

- Mentor Application
- Personal Reference Form
- Information Release Form
- Interest Survey Form

If you have any questions, please contact OreMi Staff at (510) 834-2443 ext. 3009

#### **STEP 2:**

**Note: Please allow 4-6 weeks for OreMi Staff to process your application.**

Deliver in person, mail, or fax your completed application materials to:

**OreMi Mentoring Program Coordinator**  
Family Support Services of the Bay Area  
401 Grand Avenue, Suite 500  
Oakland, CA 94610  
Fax: 510-834-1548

**Do not forget to:**

- ✓ Review all completed information
- ✓ Sign and date application materials

Sincerely,

**OreMi Mentoring Program**



**Personal Information (Cont.)**

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

Ethnicity: \_\_\_\_\_

**Please check yes or no to the following questions:** **Yes** **No**

Have you ever had an alcohol or substance abuse problem? \_\_\_\_\_  
If so, how did you address this challenge? \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? If so, please list date(s) \_\_\_\_\_  
and charges on which you were convicted: \_\_\_\_\_

\_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_  
If yes, is it insured and in good working condition? \_\_\_\_\_

**Employment History**

Please provide employment information for your last **three** positions, starting with your most recent position held.

1. Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

**Hobbies and Interest**

1. Please check **all** activities in which you are interested:

Biking	Camping	Science	Cooking	Reading
Hiking	Boating	Music	Art	Golf
Sports	Swimming	Gardening	Dance	Movies
Fishing	Animals	Yoga	Board Games	Shopping

2. List any other hobbies or interest you would like to share with a mentee:

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**Preference**

To help us match you with a mentee in our program, we would like to know about any preferences you may have:

*(Please check your preference)*

1. Gender: Male \_\_\_ Female \_\_\_ No Preference \_\_\_

2. Age: \_\_\_4-6 \_\_\_7-10 \_\_\_11-14 No Preference \_\_\_

3. Ethnicity:

Latino/ Hispanic \_\_\_

Pacific Islander \_\_\_

African American \_\_\_

Caucasian \_\_\_

Asian \_\_\_

American Indian/ Alaskan Native \_\_\_

Other: \_\_\_\_\_

No Preference \_\_\_

*Please specify*

4. Would you be willing to work with a child who has special needs? (*learning disability, physical disability, behavioral disability, etc.*)

Yes \_\_\_ No \_\_\_ No Preference \_\_\_

If so, please specify the special needs with which you would be willing to work.

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**Please read this carefully before signing:**

The OreMi Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

\_\_\_\_\_ I understand that the references listed may be contacted by mail, telephone, or email.

\_\_\_\_\_ I understand that OreMi Mentoring Program is not obligated to provide a reason for their decision for accepting or rejecting me as a mentor.

\_\_\_\_\_ I understand that the information I provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, and federal law for volunteers working with youth.

\_\_\_\_\_ I understand that as part of the enrollment processes, OreMi staff may ask me to provide additional information prior to making any recommendations for assignment.

\_\_\_\_\_ 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:

- ✓ Personal Reference Form
- ✓ Information Release Form
- ✓ Interest Survey 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.

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Signature

Date

Please deliver in person, mail, or fax this application and the items listed above to:

**OreMi Mentoring Program Coordinator**  
Family Support Services of the Bay Area  
401 Grand Avenue, Suite 500  
Oakland, CA 94610  
Fax: 510-834-1548

**Thank you!**

# **OreMi Mentoring Program**

## **Family Support Services of the Bay Area**

### **INFORMATION RELEASE FORM**

I, \_\_\_\_\_, understand it will be necessary for Family Support Services of the Bay Area (FSSBA) to conduct a background check, regarding my driving record, criminal background, and personal references before I participate in the OreMi Mentoring Program.

I authorize FSSBA to obtain any needed information concerning my driving record, criminal background, and personal references from any state or federal agency or character reference for the purposes of participating in the OreMi Mentoring Program. Further, I provide permission for FSSBA to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself 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 a safe and successful match relationship.

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

Print Full Name: \_\_\_\_\_

StreetAddress: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_/ \_\_\_/ \_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

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

_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
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_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
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_____ City	_____ State	_____ From (m/year)	_____ To (m/year)
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# OreMi Mentoring Program

## Family Support Services of the Bay Area

### PERSONAL REFERENCE FORM

Please complete this form and return with your application.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Please list a *minimum* of three references: 1.) your current/ recent employer, *if you are retired or have been unemployed for more than five years, please list a friend in the space provided*; 2.) a co-worker or friend who has known you for at least **one** year; 3.) a close family member (spouse/domestic partner) or a second friend who has known you for at least **two** years. If more space is needed, use an extra sheet of paper.

1. Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Co-worker or Friend: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Spouse/Domestic Partner or Friend: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

# OreMi Mentoring Program

## Family Support Services of the Bay Area

### MENTOR INTEREST SURVEY

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

The OreMi Mentoring Program is interested in finding out more about you and your interest. Please complete **all** of the following questions to help us find the best match for you!

#### Section One:

#### CAN YOU MEET THE FOLLOWING REQUIREMENTS?

1. Are you at least 21 years old?  
 Yes  No
2. Have you live in the Bay Area for a minimum of 6 months and plan to remain for a minimum of one year?  
 Yes  No
3. Can you commit to participate in the OreMi Mentoring Program for a minimum of one year from the time you are matched with a mentee?  
 Yes  No
4. Are you available to meet with a mentee for a minimum of 2 hours per week?  
 Yes  No
5. Do you have your own transportation?  
 Yes  No
6. This mentoring position requires that mentors receive a clearance in the following areas: criminal record, child abuse, and sexual offender. Are you willing to allow us to conduct a background check in the areas listed above?  
 Yes  No

**Section One (Cont.):**

7. This mentoring position requires that mentors are clean and sober for a minimum of the past two years. Can you meet this requirement?

\_\_\_\_\_Yes                      \_\_\_\_\_No

8. Are you willing to communicate regularly and openly with OreMi Program Staff, provide weekly information regarding your mentoring activities, and receive feedback from program staff during your participation in the OreMi Mentoring Program?

\_\_\_\_\_Yes                      \_\_\_\_\_No

9. This mentoring position requires that you attend an initial mentor training session and two in-service training sessions per year after being matched. Can you meet this requirement?

\_\_\_\_\_Yes                      \_\_\_\_\_No

**Section Two:**

Please complete **all** the following questions.

1. What is your highest level of education completed?

- |   |  |
|---|--|
| <input type="checkbox"/> Less than a high school diploma        | <input type="checkbox"/> Associate Degree (2 years)    |
| <input type="checkbox"/> High School equivalency/GED            | <input type="checkbox"/> Bachelor's Degree (4 years)   |
| <input type="checkbox"/> High School diploma                    | <input type="checkbox"/> Master's Degree               |
| <input type="checkbox"/> Some College                           | <input type="checkbox"/> Doctorate (Ph.D./ J.D./ M.D.) |
| <input type="checkbox"/> Vocational/ Technical/ Business School |  |

2. What is your current employment status? (*Check all that apply*)

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Full-time          | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Part-time          | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Unemployed         | <input type="checkbox"/> Retired   |
| <input type="checkbox"/> Seeking employment |                                    |

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

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**Section Two (Cont):**

4. What is the best time for you to participate in a young person's life?

*(Check all that apply)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b> (8:00-12:00)							
<b>Afternoon</b> (12:00-3:00)							
<b>After School</b> (3:00-6:00)							
<b>Evening</b> (6:00-9:00)							

**Note:** You must notify OreMi Staff of any changes in your availability, as this may affect your ability to volunteer within the program.

5. Why do you want to become a mentor?

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

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7. What is one goal you have set for the future?

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8. Describe your ideal Saturday.

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9. What person do you admire and why?

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