



Volunteer Mentor Application

Name: _____

Date: _____ DOB: _____

Gender: _____ Social Security #: _____

Driver's License Number: _____ Issuing State: _____

Maiden/Alias Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Home Address (if different from above)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

May we contact you at work? Yes No /// Email: _____

What is the best way to reach you? _____

EMPLOYMENT

Employer: _____ Job Title: _____

Length of Employment: _____

Supervisor's Name: _____

BACKGROUND

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Do you give permission for The Restorative Justice Project of the Midcoast to run a background check? Yes No

Would you be willing to help defray the cost of running background checks? *This is entirely optional.* Each one costs us \$50, and we would be grateful for anything you could contribute. Checks can be made payable to the Restorative Justice Project and attached to this application. Thank you!

Interests and Experience

Why do you want to become a volunteer mentor?

How often can you meet with a juvenile/adult participant? _____

Please describe your volunteer experiences. _____

Please list or describe any hobbies, interests, or special skills you have.

Please briefly describe your past and present use of alcohol.

Please describe any experiences with 12 Step or other substance abuse programs.

Please list the name(s) of any social service groups to which you belong:

Please list the languages you speak: _____

By signing below, I attest to the truthfulness of all information listed on this application.

Signature

Date



Volunteer Mentor References

Please list the names, addresses, and telephone numbers of three people you have known for at least one year who can serve as character references for you.

Mentor Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Telephone: _____

Email (optional): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Telephone: _____

Email (optional): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Telephone: _____

Email (optional): _____



Mentor Preference Form

Mentor name: _____

Date: _____

For the success of the mentoring relationship, we will try to match you with the individual best suited to you and your interests. Please check the categories on this form that best describe the individual with whom you would like to work or check "Does not matter". Remember, there are no wrong answers.

I would most like to be a mentor to a person with these characteristics:

Gender: Male Female Does not matter

Age Group: Juvenile from probation Adult being released from a county facility
 Does not matter

Ethnicity: Native American Hispanic American
 Asian American African American
 Caucasian Other _____
 Does not matter

Religion: Christian Jewish Muslim Buddhist
 Atheist _____ Other Does not matter

Specific issues you would **not** be willing to work with:

Drug/alcohol abuse Gang activity Mental health issues Disability
 Physical/mental/sexual abuse Sex offender History of violence Low
socioeconomic status Homeless Sexual orientation Eating disorder
_____ Other Does not matter

While the Restorative Justice Project cannot guarantee being able to match all your preferences, we will do our best to match you with an appropriate person. Thank you.



Driver's License and Car Insurance

We require copies of your driver's license, car insurance, and registration for liability purposes. Please check one of the boxes below:

- I have attached copies of my driver's license, car insurance, and registration to my application.
- I plan to get copies of my driver's license, car insurance, and registration to RJP in this way: _____ by this date: _____

Volunteer Opportunities in Addition to Mentoring

Finding the right mentor match sometimes takes time. While you are waiting to be matched, would you be willing to help in any of the following areas?

- _____ Data entry and other office tasks
- _____ Tabling at Fairs or Festivals
- _____ Outreach and promotion of trainings and other events
- _____ Offering professional expertise: _____
- _____ Other: _____

How Did You Hear About Us?

In order to help us track the effectiveness of our outreach, please let us know how you learned about our organization. Please check all that apply.

- _____ WERU announcement
- _____ VolunteerMaine website
- _____ Facebook
- _____ Common Ground Fair or other event
- _____ Word-of-mouth: who? _____
- _____ Poster: where? _____
- _____ Newspaper article or press release: which paper? _____
- _____ Announcement through church/school/community organization: which one?

- _____ Other: _____

Thanks!

(Rev. 4/16)