



SHAWNA'S HOUSE TEEN CHAT ROOM

Mentor Application & agreement

(group sessions & one on one mentoring)

Date: _____

This application must be completed by the potential mentor. The purpose of this application is to help Shawna's House Inc. know more about the applicant and his or her interests. In turn, the information you provide will help with the mentoring relationship with teens of Shawna's House Teen Chat Room.

Please Print

Name: _____

Nickname or Preferred name: _____

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

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Other: _____

Home address: _____

Mailing address: _____

Cell number: ___ - ___ - ___ Home number: ___ - ___ - ___

Email Address: _____ @ _____

Employer: _____

Position/Title _____ Years at employer: _____

Employer address: _____

Employer phone number: ___ - ___ - ___

Previous Employer (if less than 3 years): _____

Position/Title _____ Years at employer: _____

Mentoring Interest (one on one or group or both): _____

How did you hear about Shawna's House Inc.? _____

Emergency Contact Name: _____

Relationship: _____ Telephone number: _____

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Do you speak any languages other than English? Circle: Yes or No

Language	Read	Write	Fluent

Please list prior/current volunteer experience:

Organization	Start/End dates	Volunteer Activity

References (3) Three Non Relatives/Family known for a minimum of (1) one year

Name	Relationship	Years known	Phone Number

Background Screening: Shawna's House Inc. Mentors work with children. Therefore, we are required to screen our volunteers. Please respond to the following questions, read this Agreement and Consent and sign below. **Mentors are required to supply Current Child Abuse Clearances and Criminal Background checks (State & FBI).**

Name: _____ Date of birth: _____

Gender: _____ Driver's License # & State: _____

Have you ever been charged/indicted for any crime? _____ if yes, please supply details (date, charge, and disposition).

If you have changed your name, please provide us with your previous name:

Current address: _____

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Please provide us with your previous residential address if less than one (1) year at your current residence: _____

Application Questions: Your responses to the following questions will help us determine whether you are a good fit for Shawna's House Teen Chat Room and match you with a teen for one on one mentoring. (Attach a separate sheet of paper if additional space is needed)

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

What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

What do you think will be most challenging about being a mentor?

What do you hope to gain from becoming a mentor?

Do you have an age & gender preference for your mentee? ____ Yes ____ No

If so, please specify why you prefer this age and or gender.

Do you have any disabilities that may affect your involvement in the program?

____ Yes ____ No if so, please specify:

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Mentor Agreement

I _____, agree to serve as a volunteer mentor for Shawna's House Teen Chat Room Mentoring Network. As a volunteer mentor I agree to:

- Attend a mentor orientation and or training session prior to being matched with a teen or prior to mentoring in group sessions;
- Arrive on time for all meetings/sessions scheduled with my teen and or group sessions;
- Keep conversations with teen(s) confidential, except when confronted with issues that involve the safety/health/welfare of the teen or others;
- To engage in the relationship with an open mind;
- Request support from the program coordinator and/or Shawna's House staff, when necessary;
- Meet with the teen at prearranged designated areas at all times unless the appropriate approval is granted by the program staff and or parent of teen;
- Inform mentor program coordinator of any changes in my employment, address, phone number, and personal status as deemed appropriate;
- Accept support from the mentor program coordinator and Shawna's House staff.

I agree that I shall hold all information regarding the teen assigned to me and or teens in group sessions of Shawna's House Teen Chat Room in a confidential manner.

I accept full responsibility for maintaining the confidentiality and private nature of records and information shared with me and that I might have access to as a result of my role as a mentor and volunteer.

Signature

Date

INTERNAL USE ONLY

Date Matched For One on One: _____ Date Assigned to Group Sessions: _____

Teen Name: _____

Approved by: _____ Approval Date: _____

Notes:

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