

Family Centered Services  
123 S. Marion St.  
Bluffton, IN 46714



260-824-8574  
1-800-824-6111  
Keely Meade-Alstoft,  
Coordinator

## Mentor Application

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Length of residence in Wells County area: \_\_\_\_\_

Church Preference: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Do you have a motor vehicle? \_\_\_\_\_ Do you have automobile insurance? \_\_\_\_\_

Can you be called at work? \_\_\_\_\_ Work hours: \_\_\_\_\_ Avg. hours/week: \_\_\_\_\_

Family status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Spouse: \_\_\_\_\_ # of years married: \_\_\_\_\_ # of children at home: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

Emergency contact (not spouse): \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you anticipate any family additions within the next year? \_\_\_\_\_ Job change? \_\_\_\_\_

Have you ever been convicted of a crime? (exclude parking tickets) \_\_\_\_\_ If yes, list date, charge,  
place, court, and action taken: \_\_\_\_\_

\_\_\_\_\_

Education (check highest level you have completed)

Elementary \_\_\_\_\_ Secondary \_\_\_\_\_ GED \_\_\_\_\_ Associates \_\_\_\_\_  
Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ PhD \_\_\_\_\_ Vocational/ \_\_\_\_\_  
Technical Training

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you learn about the mentoring program? \_\_\_\_\_

What is your experience working with parents and/or children? \_\_\_\_\_

Do you have any special training or skills? \_\_\_\_\_

What are your interests or hobbies? \_\_\_\_\_

What service or community groups are you affiliated with? \_\_\_\_\_

Can you make at least one face-to-face contact per week with your mentee? \_\_\_\_\_

Are you able to attend the monthly meetings? \_\_\_\_\_

Circle what you are willing to work with a family on:

Budgeting Household Management Getting & Keeping a Job  
Housing Setting Goals Communication Skills  
Nutritious Meals Schooling Parenting

I am most interested in working with families  
who have/are: (rank in order of interest)

I am available for meetings: (Check all that apply)

	Morning	Afternoon	Evening
Children birth to 4 _____	Monday _____	_____	_____
Children 5 to 8 _____	Tuesday _____	_____	_____
Children 9 to 12 _____	Wednesday _____	_____	_____
Adolescents _____	Thursday _____	_____	_____
Teen Parents _____	Friday _____	_____	_____
Adults _____	Saturday _____	_____	_____

List the names and phone numbers of two people (other than relatives) who know you well:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

How do you know him/her? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

How do you know him/her? \_\_\_\_\_

May we contact an organization for whom you have volunteered? YES \_\_\_\_\_ NO \_\_\_\_\_

Organization \_\_\_\_\_ Contact Person \_\_\_\_\_ PHONE \_\_\_\_\_

Liability/Confidentiality Statement

I understand that I am a Mentor Mom Program volunteer, doing so under the guiding sponsorship of Family Centered Services of Indiana. I also understand that in performing as a volunteer I will be acting in an individual capacity and not as an agent, employee, or partner of Family Centered Services, but I will to the best of my ability uphold the agency's policies and values.

I also understand that all personal information obtained from social service agencies or through personal contact with each client will be held in strict confidence (not to be given to other parties without client's written consent).

I give my consent for my name to be released to the State Police for a Limited Criminal History check.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date