

**Radical Possibilities Mentoring Program
Mentor Application**

Thank you for your interest in being a mentor with Radical Possibilities. Please fill out this application as completely as possible to help us get to know you and what fuels your desire to be a mentor.

Please include your resume and a copy of your driver's license with this application and submit to **Miranda Day** by email **miranda@lpys.org**, by fax (970) 385-1726, or in person to La Plata Youth Services, 2490 Main Ave. (turn into the fairgrounds and we are in the house immediately to your right surrounded by a big brown fence).

Date of Application: _____

Applicant Name: _____

Date of Birth: _____

Ethnicity: _____ Gender Identity: _____ Pronoun _____

Phone Number: _____ Email: _____

Local Address: _____

How many times have you moved in the last 5 years? _____

How long have you lived in Colorado? _____

Education or Training:

High School Years attended _____ Graduate? _____ Year? _____

College/University/Technical Training _____ Years attended _____ Major _____

Grad. Date _____

Other? _____

Have you ever applied to be (or have been) a mentor with RP before? _____

Past experiences with children/youth: _____

Driving Information:

Do you have a valid Driver's License? Yes: ___ No: ___ State: ___ Number: _____

Do you have your own transportation? Yes: ___ No: ___

If no, do you have access to transportation? Yes: ___ No: ___ Describe: _____

Do you have current vehicle insurance as required by this state's law? _____

I agree to promptly report to Radical Possibilities Staff any changes in my insurance coverage or driver's license status

Personal Background:

Have you been convicted of a felony or differed sentence in this state or another? If so please provide the date, charge, city, and state where charge occurred.

Have you ever been denied employment or been terminated from a job where you worked with minors? If so, please explain.

Availability:

What are your weekly time commitments and how much time do you designate to each?

General Information:

Why do you want to be a mentor?

Describe your relationship with social justice

What attitudes and beliefs are of special importance to you?

Please list interests, hobbies, and activities that you pursue.

Would you prefer to be matched with a youth from a specific grade level, ethnicity, or gender identity? _____

If "Yes," list them: Grade level? _____ Ethnicity? _____ Gender Identity? _____

Would you be willing to work with a youth who has disabilities? Yes No

Do you speak any other languages? If "Yes," please list them:

I understand that participation in the Radical Possibilities Program requires a year commitment and that shorter commitments are considered on a case-by-case basis.

For Internship Applicants ONLY:

In what school and program are you enrolled?

What year are you in school? _____

What is your internship hours requirement per week? _____

Advisor: _____ Phone: _____

Email: _____

The Radical Possibilities Program requires that undergraduate and high school mentors be enrolled in an internship course through their school and that RP program staff conduct regular check-ins with the student's internship faculty or academic advisor.

REFERENCES

Please provide three references with individuals who have known you for at least one year.

- 1) Non-family member Personal Reference
- 2) Employer or Professional Reference
- 3) Employer or Professional Reference

Reference 1

Name: _____ Phone: _____ Email: _____

City/State: _____ Relationship: _____ Years Known: _____

Reference 2

Name: _____ Phone: _____ Email: _____

City/State: _____ Relationship: _____ Years Known: _____

Reference 3

Name: _____ **Phone:** _____ **Email:** _____

City/State: _____ **Relationship:** _____ **Years Known:** _____

I understand that Radical Possibilities staff will contact my references, any other persons deemed necessary, and will complete a thorough investigation compiling information on me that includes, but is not limited to: my character, personal characteristics, mode of living, general reputation, criminal history, academic credentials, employment history, work habits, job performance, experience and reasons for termination, education, qualifications and motor vehicle driving record. I will provide Radical Possibilities with proof of automobile insurance and driver’s license. I understand that misrepresentation of personal information or history at any time could result in termination or non-acceptance in Radical Possibilities. I understand that Radical Possibilities reserves the right to decline volunteers or terminate their volunteer status at any time. A decline is not meant to be a reflection of the personal character of an individual, or of our perception of their ability to volunteer in another setting. Radical Possibilities staff accepts or declines volunteers based on all the information gathered in the screening process and for reasons of confidentiality and liability will not share this information or reasons of denial with any applicant.

To the Mentor:

The information supplied by you on all forms submitted to the Radical Possibilities Mentoring Program as part of the Mentor application process is strictly confidential. Radical Possibilities Mentoring Program may use it in combination with information supplied by other individuals to produce research reports, but NO individuals will be identifiable from any report produced from this information.

Furthermore, all information made available to you by Radical Possibilities Mentoring Program during the matching process or during the course of a mentor match and any information of which you become aware on your own during the course of a mentoring relationship is strictly confidential.

By signing below, you attest that:

1. You are aware that the information you provide to La Plata Youth Services will be held in the strictest confidence and that it may be used for statistical reports of a summary nature, and that your identity will not be disclosed in any way by its use.

AND

2. Any and all information which comes into your possession and knowledge about mentees before or during a match is confidential and may not be shared with anyone, including spouse, other than the staff of La Plata Youth Services.

Name _____
Last First MI

Signature Date

Authorization to Release Information

By signing this document, I am giving La Plata Youth Services (LPYS) full authority to obtain and share background information related to the internship position, including but not limited to: police contacts, arrest records, criminal history, and Central Registry of Child Abuse Reports. I give my unconditional authorization for any and all persons or entities to release and any all information requested by LPYS. Information obtained from a consumer reporting agency will be used only for evaluation of suitability for volunteer applicants.

Furthermore, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Social Security #	
Signature	
Date	

It is the policy of this organization to provide equal opportunities without regard to ethnicity, religion, national origin, gender identity, sexual orientation, age, or disability.

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