



Application

Applicants must be at least 21 years of age, and are required to pass a criminal background check, and child abuse and neglect check, to be a mentor for Charles Hall Youth & Family Services.

**PERSONAL INFORMATION**

Date of Application: \_\_\_\_\_

Name (First, MI, Last): \_\_\_\_\_

Other names used (maiden, married etc.): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you 21 years of age or older? \_\_\_\_\_

In case of emergency, who should be notified? \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Have you ever been convicted of a crime (felony or misdemeanor) or do you have criminal charges pending against you at this time?  yes  no If yes, explain: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate:  yes  no

Subject Studied: \_\_\_\_\_

College: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate:  yes  no

Subject Studied: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate:  yes  no

Subject Studied: \_\_\_\_\_

Trade, Business, Correspondence: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate:  yes  no

Subject Studied: \_\_\_\_\_

Licenses and/or certificates: \_\_\_\_\_

Additional Training and/or special skills: \_\_\_\_\_

Do you have a current, valid driver's license?  yes  no

Do you have liability insurance coverage as required by North Dakota state law?  yes  no

Do you have a history of substance abuse (e.g., alcohol, illicit drugs, etc.)?  yes  no

If yes, explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

1. Company name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Job Title: \_\_\_\_\_

Nature of work: \_\_\_\_\_

2. Company name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Job Title: \_\_\_\_\_

Nature of work: \_\_\_\_\_

3. Company name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Job Title: \_\_\_\_\_

Nature of work: \_\_\_\_\_

**REFERENCES**

Please list three references (not relatives), preferably individuals who have known you a significant amount of time.

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**APPLICATION QUESTIONNAIRE**

1. Working with the youth at Charles Hall Youth & Family Services can be demanding and requires that a mentor be of good sound emotional and physical health. Do you have any condition that would preclude you from participating in our mentor program?

yes  no

If yes, explain: \_\_\_\_\_

2. Describe any work or mentor experience you have with youth. \_\_\_\_\_
3. Do you have any problems signing a confidentiality form? (the form will be explained to you)  yes  no
4. Have you ever been reported for child abuse or neglect?  yes  no  
If yes, explain: \_\_\_\_\_
5. Please share any special skills, interests, training and personal qualities you possess that would make you a successful mentor. \_\_\_\_\_
6. What hours and days of the week are likely to be best for you to schedule time with your mentee? \_\_\_\_\_
7. Why do you want to mentor a youth at Charles Hall Youth & Family Services?  
\_\_\_\_\_  
\_\_\_\_\_
8. List three words that describe you well, and explain how those words would influence your mentoring efforts through the "Creating Connections" Program:  
\_\_\_\_\_  
\_\_\_\_\_
9. Based on your experiences, what facilitates change in youth?  
\_\_\_\_\_  
\_\_\_\_\_

#### STATEMENT OF CONSENT

I do hereby authorize Charles Hall Youth & Family Services (CHYFS) and its representative to consult with individuals who may have information about my competence, character and ethical qualifications. In addition, if I am applying to mentor a youth at CHYFS, I agree to undergo a TB test at a medical facility specified by CHYFS, and which CHYFS will pay for. The necessary form will be provided to me.

In connection with evaluation, credentials and qualifications for the above approval, I hereby release Charles Hall Youth & Family Services, as well as individuals and organizations that may provide information to CHYFS for their acts performed in good faith and without malice.

Signature-sign in presence of CHYFS staff: \_\_\_\_\_ Date: \_\_\_\_\_

Signature CHYFS staff: \_\_\_\_\_ Date: \_\_\_\_\_