

MENTOR-CANDIDATE CHECK-LIST

Candidate Name _____ Primary Phone # _____

Notes

Please begin to gather the information x'd below. Return this form with your application to the Center.

Thank you.

<u>Required Items</u>	<u>Date Received</u>
-----------------------	----------------------

<input checked="" type="checkbox"/> Volunteer Application	_____
<input type="checkbox"/> Interview	_____

<input checked="" type="checkbox"/> Background Check	_____
The Background History Report Form will be handed out to you at the training. Department of Prisons will run the check and send the office your clearance.	

<input checked="" type="checkbox"/> Three current, original letters of reference	_____
You may use the form letter enclosed or ask your references to write their own letter	

<input checked="" type="checkbox"/> Current DMV print out	_____
(go to dmvnv.com and click on drivers license to print your report or request at the information/receptionist desk at the DMV –cost \$7)	

<input type="checkbox"/> Orientation Training I & II successfully completed	_____
---	-------

<input checked="" type="checkbox"/> Proof of current motor vehicle insurance	_____
--	-------

<input checked="" type="checkbox"/> Photo copy of drivers license or State ID Card	_____
--	-------

<input checked="" type="checkbox"/> Page 5 signed and completed from the Child Abuse Recognition and Reporting workbook	_____
---	-------

<input type="checkbox"/> Other required forms reviewed and signed *	_____
---	-------

* The Center Director initiates these processes

Previous Employers:

Business _____ Job Title _____

Address _____ Phone _____

How long were you in this position? _____

Business _____ Job Title _____

Address _____ Phone _____

How long were you in this position? _____

References

List three personal character references. The individuals should have known you for at least one year and not be related to you.

1. Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

2. Name _____
Address _____
City _____ State _____ Zip _____

3. Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

If you are interested in mentoring, can you devote a minimum of one hour a week of dedicated time with your mentee for a period of 12 months?

Yes ___ No ___ **If no, please explain.**

If you are interested in mentoring, can you attend a four-hour training session in order to be prepared?

Yes ___ No ___

All statements in this form are true and accurate to the best of my knowledge.

Signed _____ Date _____

Thank you for your time and your interest in this very needed and exciting program. Please return your completed form to:

Mentor Center of Western Nevada
P.O. Box 2740
Carson City, NV 89702
Phone: 775.445.3346
Fax: 445.887.3160



Mentor Center of Western Nevada

P.O. Box 2740 ♥ Carson City, NV 89701 ♥ Telephone (775)445.3346 ♥
Fax (775)887.3160 www.wncc.nevada.edu/mentor/

Name _____ Phone _____

Address _____

Date _____ Regarding _____ name of volunteer

You have been asked by the above named person to offer a reference on his/her application to become a Mentor to a youth in Carson City. This agency, using the principle of one adult helping one child, is very anxious to make certain that the applicants are well qualified. The volunteer is assigned a school-aged child who shows a need for a role model who can devote time and friendship to them. The volunteer is not to assume the role of a parent, but is to be a companion to the child and to assist the child in reaching their maximum potential. The volunteer must be consistently responsible and dependable; a stable and mature individual who enjoys children and has personal characteristics that would provide a good model for a young person. We look for an individual you would want to volunteer for your own child.

It will be a great help if you would carefully consider the following questions, answering then to the best of your knowledge. Please return this form to our office as soon as possible.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

How well do you feel you know the applicant? _____

Please mark the following personality characteristics relating to the applicant as you know them:

	Low		Average						High	
Outgoing	1	2	3	4	5	6	7	8	9	10
Patient	1	2	3	4	5	6	7	8	9	10
Even Tempered	1	2	3	4	5	6	7	8	9	10
Flexible	1	2	3	4	5	6	7	8	9	10
Assertive	1	2	3	4	5	6	7	8	9	10
Passive	1	2	3	4	5	6	7	8	9	10
Aggressive	1	2	3	4	5	6	7	8	9	10

Please comment on the following areas relating to the applicant as you know them:

Attitude _____

Physical health _____

Mental health _____

Openness to other's values, interests, lifestyle, race, etc. _____

Interactions one-to-one and in group settings _____

Other comments: _____
