

RGOH Tutor/Mentor Application

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Important information about you: Date: _____

(Check one)

Name _____ Gender Male Female
First Middle Last

Address _____
Street City State ZIP

Home phone _____ Cell phone _____

Name of employer _____

Work phone _____ Occupation _____

E-mail address _____

General Questions:

Briefly describe why you wish to become a tutor/mentor

Do you have previous experience volunteering or working with children? Please specify

What qualities or skills do you feel you have that would benefit the children in our program?

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What days of the week are you available to mentor? (check all that apply):

Monday ___ Tuesday___ Wednesday ___ Thursday___ Friday___ Saturday___ Sunday ___

What is the best time for you to mentor? (check all that apply):

Mornings____ Afternoons____ Evenings _____ Weekends _____

Educational Background (mark one):

Some high school _____ Graduate/professional school _____

High school graduate _____ Technical school _____

Some college _____ College graduate _____

Other (please specify) _____

List any additional languages that you speak. Please specify level of fluency.

Please check your interest and activities:

Sports Photography Outdoor Activities

Music Arts and Crafts Amusement Parks Reading

Dance Computers/Electronics/Video Games

Other (please specify) _____

Background Screening

Have you been convicted of any felony or misdemeanor?

Yes No

Do you currently have criminal charges pending against you?

Yes No

If the answer is YES to either or both questions, please explain (below):

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Driver Information

Do you have access to reliable transportation? Yes No

Have you had any accidents during the past three years? Yes No

Have you had any moving violations during the past three years? Yes No

Drivers License Number _____

State of Issue _____ Expiration Date _____

SS# _____ **(This information must be included to conduct a national criminal and sex offender background check and will be held in the strictest confidence)**

Birthday: Month _____ Day _____ Year _____

References

Please list three (3) references who you have known for at least one (1) year. Please provide complete addresses and phone numbers. References will be contacted by phone or by mail. The information furnished to us by your references will remain strictly confidential. Relatives or family members cannot be used as references.

Reference #1

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____ Email _____

Reference #2

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____ Email _____

Reference #3

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____ Email _____

I certify to the best of my ability that the information provided on this application is true and accurate.

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I also understand that misinformation knowingly provided here, and on subsequent tutor/mentor application forms, is grounds for dismissal from the program and any necessary legal actions that stem from such misinformation. I also agree to **submit to a background** check on behalf of our tutoring program to ensure I am legally able to work with children.

Finally, by signing this form I agree to support the efforts of the mentoring program at (Organization's name and address and space in facility). I agree to show up 15 minutes prior to the designated start time for the tutoring program, which is currently held every (Include dates and times for program). If I am unable to attend I agree to contact the Director of the Program, (Include name), 2 days (when possible) prior to the session.

Signature of applicant

Date

Signature of witness

Date

*Include the name, address and phone number of your church. Check your local laws to determine if additional information should also be included.