

NORTHCOAST MENTOR PROGRAM

Volunteer Mentor Intake Form

NAME _____ D.O.B. _____ REFERRED BY _____

ADDRESS _____ CITY/ZIP _____

PHONE (HM) _____ (WK) _____ BEST TIME TO CALL _____

S.S.# _____ E-MAIL _____ OCCUPATION _____

1. HOW LONG HAVE YOU LIVED IN HUMBOLDT COUNTY? _____

*If less than 6 months, are you a student or in the military? _____

2. DO YOU HAVE AUTO INSURANCE? _____

3. HAVE YOU HAD ANY MAJOR LOSSES IN THE LAST 6 MONTHS? _____

*If yes, what was the loss? _____

4. HAVE YOU EVER BEEN ARRESTED? _____ If yes, for what? _____

5. IF YOU HAVE A HISTORY OF SUBSTANCE ABUSE, HOW LONG HAVE YOU BEEN CLEAN OR SOBER?

6. WHAT VOLUNTEER ACTIVITIES ARE YOU INVOLVED WITH AT THIS TIME, IF ANY? _____

7. PLEASE LIST ANY SPECIAL SKILLS {WORK/BUSINESS RELATED ETC.}, HOBBIES {CRAFTING, COLLECTING, MUSIC, ETC.} OR SPORTING ACTIVITY THAT YOU WOULD LIKE TO SHARE WITH A YOUNG PERSON OR A GROUP OF YOUNG PEOPLE. _____

8. DESCRIBE YOUR PROFESSIONAL OR VOLUNTEER EXPERIENCE WORKING WITH YOUNG PEOPLE {TEACHER, CLASSROOM AIDE, TUTOR, MENTOR, COACH, SCOUT LEADER, CAMP COUNSELOR, ETC.}: _____

9. WHAT AGE YOUTH DO YOU RELATE TO BEST? _____

10. WHAT PERSONAL GROWTH DO YOU HOPE TO ACHIEVE BY BEING A MENTOR? _____

11. IF NOT SELECTED TO MENTOR, WOULD OTHER VOLUNTEER OPPORTUNITIES INTEREST YOU? _____

12. HOW MUCH TIME DO YOU PLAN TO GIVE A MENTORING RELATIONSHIP?

Once a week _____ Once every two weeks _____

Once a month _____ Other: _____

13. CAN WE EMAIL INFORMATION TO YOU? _____

14. APPLICANT'S SIGNATURE _____ DATE _____

We appreciate you giving us this information about yourself and your experience. This intake form serves as an initial screening tool helping us direct you to the mentor program that best suits your interests and schedule. You will be interviewed again by the agency you are referred to. We understand this process is time-consuming and thank you for your patience.