



305 East Lincoln Street Findlay, OH 45840
(419)424-9752 Fax: (419)424-8400
E-mail: info@cmchancock.org

**Couple/Family Mentor Application
Part I**

Applicant #1 (include middle initial, maiden name or AKA): _____

Date of Birth: _____ Gender: _____ Social Security: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

How Long at Current Address: _____ How Long Have You Lived in Hancock County _____

E-mail: _____ Place of Employment: _____

Occupation: _____ Working Hours: _____

How Long Have You Worked Here? _____ Work Phone: _____ May We Call You at Work? **Y N**

EDUCATION: (Years Completed): High School ____ Trade ____ College ____ Other ____

MARITAL STATUS: _____

What Is Your Spouse/Partner's and/or Family's Reaction to the Possibility of You Becoming an Agency Volunteer?

Applicant #2 (include middle initial, maiden name or AKA): _____

Date of Birth: _____ Gender: _____ Social Security: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

How Long at Current Address: _____ How Long Have You Lived in Hancock County _____

E-mail: _____ Place of Employment: _____

Occupation: _____ Working Hours: _____

How Long Have You Worked Here? _____ Work Phone: _____ May We Call You at Work? **Y N**

EDUCATION: (Years Completed): High School ____ Trade ____ College ____ Other ____

MARITAL STATUS: _____

What Is Your Spouse/Partner's and/or Family's Reaction to the Possibility of You Becoming an Agency Volunteer?

Please List Household Members:

Children Living outside of the home:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

How did you hear about Children’s Mentoring Connection?

Please Check All That Apply:

- Newspaper Ad Radio Agency Volunteer Newspaper Article
- Special Event Agency Web Site Brochures Display
- Social Media Internet Search Other _____

I am interested in applying for the: (Check all that apply)

Community-Based Program:

- PALS Mentor Couple
- Family Match 2-2-1 Buddies

School-Based Mentoring:

- Cory Rawson (Tues. 5th & 6th) Bigelow Hill (Weds. 4th & 5th) Glenwood (Weds. 6th - 8th)
- Donnell (Weds. 8th) Jacobs (Thurs. 2nd & 3rd) Glenwood (Thurs. 8th)
- Oiler Buddies High School Mentor I am not sure which program yet.

Do you or any household member have a criminal history? Have you ever been arrested and/or charged and/or convicted of a crime? Yes No If yes please explain below.

Name _____ Offense _____ Date _____

Name _____ Offense _____ Date _____

Have you been arrested and/or charged and/or convicted of a traffic offense or moving violation for operating a vehicle under the influence of drugs or alcohol? If yes please explain below:

Name _____ Offense _____ Date _____

Please complete and return the attached Request for Driving check.

SCHOOL-BASED MENTORS ONLY: DISREGARD INSURANCE QUESTIONS

Car Insurance

Mentors/Volunteers are required to have automobile insurance and must carry auto liability limits with a minimum of \$300,000 combined single limit or split limits of \$100,000/\$300,000.

Driver's License Number: _____ State Issued: _____ Expiration Date: _____

Do you have these limits on your policy? Yes ___ No ___

Name of Insurance Company _____ Policy # _____

Your Agent's Name _____ Phone # _____

REFERENCES:

Please list the names, addresses and phone numbers of three people who can vouch for your reputation, character and morals and who have known you for at least one year. **If employed, please include present employer, regardless of length of employment. If you do not work, use another personal reference. Do not use relatives. We will be making phone contact with your references, so please provide us, if possible, with a daytime and evening phone number.**

1. Name (Supervisor) _____ Wk. Phone _____
Business Address _____ Home/Cell Phone _____
City, State, Zip _____
Company Name _____ E-mail _____
2. Name _____ Wk. Phone _____
Business Address _____ Home/Cell Phone _____
City, State, Zip _____
3. Name _____ Wk. Phone _____
Business Address _____ Home/Cell Phone _____
City, State, Zip _____

I hereby authorize Children's Mentoring Connection of Hancock County to make such investigation as it deems proper and necessary regarding my background and to determine the accuracy of the information I have furnished in this qualification record. Furthermore, I hereby release any Agency or organization from liability for cooperating with CMC of Hancock County by releasing the requested information.

Children's Mentoring Connection of Hancock County reserves the right to deny a volunteer application when, in its sole discretion, it believes it is in the best interest of CMC to do so and is not obligated to match you with a child.

Signed: _____ **Date:** _____
(Applicant#1)

Signed: _____ **Date:** _____
(Applicant#2)