

**Mentoring Oneida County Kids
Mentor Application**
c/o Oneida County UW-Extension
3375 Airport Road #10
Rhinelander, WI 54501 - (715) 365-2750

NAME _____ BIRTHDATE _____ DATE _____

ADDRESS _____

PHONE (H) _____ E-MAIL _____

EMPLOYER _____ PHONE (W) _____

ADDRESS _____

Describe any experience you have working with children:

Why are you interested in being a mentor?

Tell us about yourself. What are your main hobbies or interests?

BEST DAYS WOULD BE: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday

BEST TIME OF DAY IS: _____ a.m. _____ p.m.

SCHOOL YOU ARE INTERESTED IN: CENTRAL JWMS PELICAN

EXPERIENCE

CLUBS/ORGANIZATIONS:

CHURCH TO WHICH YOU BELONG: (Optional)

PLEASE NOTE ANY OTHER WORK OR VOLUNTEER EXPERIENCES:
 (Type of Work) (Business or Volunteer Agency)

REFERENCES

Please list 3 references (non-family) we could contact who might be able to speak about your personal character, dependability and appropriateness for working with children.

NAME & POSITION/TITLE	ADDRESS	PHONE NUMBER	
		Home	Work

BACKGROUND CHECK

SOCIAL SECURITY # _____ or DRIVER'S LICENCE # _____

(To be used for screening purposes only)

Have you ever been found guilty of, or do you presently have pending, any violations of law including ordinance violations other than minor traffic violations?

(In accordance with State Law, pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job.)

_____ **NO** _____ **YES** (If "yes", please explain)

SIGNATURE

Your signature affirms that all the information on this application is true to the best of your knowledge and that you understand it will be necessary for the **Mentor Program** to check background and personal references. Agencies/persons contacted may be employers, courts, police, social services or others relevant to mentoring.

Your signature also affirms that you will follow the guidelines of the **Mentor Program** for the security of yourself and your student. Meetings between mentors and students are expected to take place **ONLY** at the student's school and during the school day when school is in session.

_____ Signature _____ Date