



# STANDBYME

## MENTORING

### Mentor Application

Date \_\_\_\_\_

*The Hill Country Daily Bread Ministries/Stand By Me Mentoring Program application process is intended to assist in providing a safe and secure experience for the children and adolescents who participate as mentees in our program. As a volunteer mentor, you will commit to spending **a minimum of one hour per week** for one year, mentoring a student. Your completed application will be kept in confidentiality, in accordance with the HCDBM/Stand By Me Confidentiality Policy.*

**Office phone: 830-755-5200**

#### Personal Information

Name:

\_\_\_\_\_

*First*

*Middle*

*Last*

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

*City*

*State*

*ZIP*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Method of Communication \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_Single \_\_\_Married \_\_\_Divorced \_\_\_Separated \_\_\_Widowed

Name of Spouse: \_\_\_\_\_

Does your spouse support your decision to mentor? Y / N

Children: \_\_\_\_\_

Military Service Y / N

Own a Firearm Y / N

Tobacco use Y / N      Alcohol use Y / N      Controlled Substance use/history Y / N

Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance? Y / N

Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses listed above? Y / N

If you answered yes to either of the above 2 questions, please explain below:

\_\_\_\_\_  
\_\_\_\_\_

**Demographic Information**

Gender: M / F

Primary Language \_\_\_\_\_

Secondary Language \_\_\_\_\_

Ethnicity \_\_\_\_\_

**Transportation**

Do you own a car? Y / N

Do you have a current driver's license? Y / N

Issuing State and License number \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Do you have auto insurance, including liability insurance? Y / N

(Please provide Stand By Me a copy of your license and insurance card)

**Interests**

Please check all activities you are interested in:

- |                                  |                                       |  |                                      |                                   |
|----------------------------------|---------------------------------------|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Biking  | <input type="checkbox"/> Camping      | <input type="checkbox"/> Science         | <input type="checkbox"/> Cooking     | <input type="checkbox"/> Library  |
| <input type="checkbox"/> Hiking  | <input type="checkbox"/> Boating      | <input type="checkbox"/> Music           | <input type="checkbox"/> Sports      | <input type="checkbox"/> Yoga     |
| <input type="checkbox"/> Golf    | <input type="checkbox"/> Swimming     | <input type="checkbox"/> Gardening       | <input type="checkbox"/> Parks       | <input type="checkbox"/> Movies   |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Animals/Pets | <input type="checkbox"/> Painting/Photos | <input type="checkbox"/> Board Games | <input type="checkbox"/> Shopping |

List any other areas of strong interest:

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**Preference for Match**

Age Range:    \_\_\_under 8    \_\_\_8-10    \_\_\_11-14    \_\_\_15-18

Willing to be matched with mentee from home with a history of  
\_\_\_emotional abuse    \_\_\_physical abuse    \_\_\_sexual abuse    \_\_\_substance abuse

**Education**

Education level \_\_\_\_\_

University attended if applicable \_\_\_\_\_

**Work Information**

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Volunteering/Mentoring**

List examples of any prior volunteer experience:

What are the most convenient times for you to meet with your mentee?

(Please check all that apply)

- Weekdays     After School     Evenings     Weekends     Others

Do you commit to participate in the Stand By Me Mentoring program for a minimum of one year from the time you are matched with a youth?    Y / N

Are you available to meet with your mentee a minimum of 4-6 hours per month and have contact at least once per week? Y / N Please explain any particular scheduling issues.

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Are you willing to communicate regularly and openly with your mentor specialist/ SBM staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program? Y / N

Are you willing to attend an initial mentor training session( 2 hours) and two in service training sessions (2 hours) per year after being matched? Y / N

Mentoring a young person is a big responsibility and can change the live of the mentor and the mentee. What do you hope to gain from the experience and what do you hope the mentee gains from the relationship?

Did you have a mentor growing up? If so, what was the biggest impact they made on your life?

Please check the words that describe your personality:

- |                                    |   |                                    |                                |                                   |                                    |
|------------------------------------|---|------------------------------------|--------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Spiritual | <input type="checkbox"/> Moody          | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Quiet | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy       |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Adventurousome | <input type="checkbox"/> Nervous   | <input type="checkbox"/> Happy | <input type="checkbox"/> Friendly | <input type="checkbox"/> Talkative |

Other: \_\_\_\_\_

**Spiritual Information**

What church are you currently attending? \_\_\_\_\_

How long have you been involved there? \_\_\_\_\_

Please write a short paragraph explaining your spiritual journey and talk about your present relationship with God.

What do you feel you have to offer a young person spiritually?

**Why Join Stand By Me Mentoring?**

Write a brief statement on why you have chosen to participate in the mentoring program?

***I certify to the best of my ability that the information provided on this application is true and accurate. I give my permission to contact the references provided and to complete a background check.***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Stand By Me reserves the right to accept or decline volunteers based on the information gathered. For reasons of confidentiality, Stand By Me will not share this information or reasons of denial with any applicant.*

## References

List four people who can serve as a character reference for you. Give complete address and include email if available. Please list at least one Christian Leader as a reference. (Pastor, Bible study leader, etc...)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

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Relationship \_\_\_\_\_