



**PERSONAL INFORMATION**

**Name**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last	First	Middle Initial

**Address**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	Apt#	City	State	ZIP Code

**Contact Info**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone #	Cell Phone #	Email Address

**Additional Info**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Security #	Driver's License # (if you have one)

Will you be driving during any mentoring activities/outings?

Yes     No

\*You must notify Inhisname United staff if this status changes

Auto Insurance Provider & Type of Coverage

**CHURCH/COMMUNITY INVOLVEMENT**

**Church/Community Organization Info**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Church/Organization Name	Pastor/Leader	Denomination
<input type="text"/>		<input type="text"/>
Full Address		Phone #

**Your Involvement** (Please include leadership responsibilities and hours of involvement each week)



[Large grey rectangular area for resume or additional information]

[Small grey rectangular box]

# of Years Attending

**EMPLOYMENT HISTORY** (or attach resume)

**Current Job**

[Grey box for Company]

Company

[Grey box for Full Address]

Full Address

[Grey box for Position]

Position

[Grey box for Direct Supervisor]

Direct Supervisor

[Grey box for Time on the Job]

Time on the Job

**Previous Jobs**

1 [Grey box for Company]

Company

[Grey box for Address]

Address

[Grey box for Start/End Dates of Employment]

Start/End Dates of Employment

[Grey box for Reason for Leaving]

Reason for Leaving

2 [Grey box for Company]

Company

[Grey box for Address]

Address

[Grey box for Start/End Dates of Employment]

Start/End Dates of Employment

[Grey box for Reason for Leaving]

Reason for Leaving

3 [Grey box for Company]

Company

[Grey box for Address]

Address

[Grey box for Start/End Dates of Employment]

Start/End Dates of Employment

[Grey box for Reason for Leaving]

Reason for Leaving

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EDUCATION HISTORY

School & Degree Earned

[Text input field]

[Text input field]

High School

College

[Text input field]

[Text input field]

Vocational

Adv. Degree/s

Currently Attending? (Please provide school name and expected graduation date)

PERSONAL BACKGROUND

Race (Check all that are applicable)

- African
- African-American
- Asian-American
- Caribbean
- Caucasian
- Latino
- Other (List below)

[Text input field]

Languages Applicant is Fluent in

[Text input field]

Interests & Hobbies

[Text input field]

Ability to instruct or design activities in any of the above? If so, which ones?

[Text input field]

Were you ever enlisted in the armed forces?

- Yes
- No

[Text input field]

If yes, which branch

Family Status

- Single
- Separated
- Divorced

Separated Divorced

Spouses Info

Married

<input type="radio"/>	<input type="radio"/>	[Text input field]	[Text input field]	[Text input field]
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# of Years

Name

Occupation

Children

- Yes
- No

[Text input field]

# of

Ages

Residence (Please list your places of residence over the last 10 years)

[Text input field]



1 [Redacted]

City/State/Country

[Redacted]

2 [Redacted]

City/State/Country

Time Period

[Redacted]

3 [Redacted]

City/State/Country

Time Period

Time Period

[Redacted]

Do you anticipate any changes in work, residence or marital status within the next year? (If yes, please explain) **HEALTH/EMERGENCY INFORMATION** Do you have any health concerns or physical limitations that may affect how you mentor? (Please explain)

[Redacted]

What ailments, conditions do you have that emergency services should be alerted to in case of accident or crisis?

[Redacted]

Emergency Contact

[Redacted]

Name/Relation

[Redacted]

Phone #

CONVICTION RECORD

Have you ever been convicted of child or sexual abuse?

Yes  No

Are you currently on parole or probation?

Yes  No

\*NO applicants will be accepted as mentors if you have been

Have you ever been convicted of a crime? (If so please list dates and charges of which you were convicted)

[Redacted]

Do you currently have any criminal charges pending against you? (If so please explain)

[Redacted]



**YOUTH & MENTORING EXPERIENCE**

**Mentored before?**(Please describe)

**With high risk youth?**(Please describe)

**With incarcerated people?**(Please describe)

**MOTIVATION/BACKGROUND**

What about you will assist you in being a mentor? What do you hope to accomplish as a mentor?

Please provide a short description of yourself. (Statements of faith, strengths/weaknesses, and anything that makes you who you are.)

**REFERENCES** (Please list the contact info of (3) individuals who can vouch for your ability to become an Inhisname United mentor.)

**Pastoral/Community Organization Leadership** (A person within a leadership role at your church and knows you well.)

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Name

Relationship

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Address

Phone #

**Work Supervisor** (Your current employer. If unemployed, someone who knows you in another work environment. For example a teacher, supervisor, etc.)




Name

Relationship

Address

Phone #

**Personal** (Someone that is close to you, but is NOT A FAMILY MEMBER)

Name

Relationship

Address

Phone #

**UNDERSTANDING / WAIVER / AUTHORIZATION / RELEASE**

- 1) I understand that, if I become a volunteer mentor with the Inhisname United Inc. program, I will be working with court-involved youth in need of guidance and counseling. I agree to hold and respect the confidences of the youth, and not to discuss such confidences outside of the program, except in response to a lawful demand or to ensure the safety of myself, the youth, or the community, and to hold confidential any information received from Inhisname United Inc. staff about the youth or his or her family.
- 2) I understand that the guidelines for the Inhisname United Inc. program do not permit out-of-state or overnight activities with the participating juvenile or youth without the prior written permission of a parent or guardian, and that such guidelines may include other restrictions imposed by a court or otherwise. I agree to familiarize myself with and abide by all such guidelines and restrictions.
- 3) I understand that neither the Inhisname United Inc. program nor sponsoring congregations nor other participating sponsors provide auto insurance coverage for volunteers. I will inform the Inhisname United Inc. program as changes occur in my driving status, insurer's name, or insurance coverage.
- 4) I hereby waive, release, absolve, indemnify and agree to hold harmless the Inhisname United Inc. program and the sponsoring congregation and agency(ies), their respective officers, directors, advisors, employees, mentors, volunteers,

sponsors and agents, as to any claims arising out of injury to me, whether the result of negligence or any other cause.

**SIGN OFF**

- 5) I hereby authorize Inhisname United Inc., a project of Urban Youth Alliance, Inc. to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, country, state, or federal laws. This information will include, but not be limited to, allegations regarding and convictions for this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.
- 6) I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed on the application, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.
- 7) I further attest that, except as I have disclosed on the application or informed Inhisname United Inc. staff directly, I have not been judicially determined to have committed abuse or neglect of a child, nor, except as disclosed, do I have a confirmed report of child abuse, neglect, or exploitation which has been uncontested or upheld administratively under the laws of this state or any other state.

I certify that all of the information contained in this application is accurate and complete.



[Signature box]

Signature

[Date box]

Date

[Print Full Name box]

Print Full Name