



## LEND A HAND MENTOR PROGRAM

### Mentoring Volunteer Profile Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ E-mail address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

If under the age of 18, parent/guardian's name: \_\_\_\_\_

I give my child permission to participate with the YMCA: \_\_\_\_\_  
(Parent/guardian signature)

Special Interests: (working with children, elderly, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of anyone interested in mentoring or anyone who would make a good mentor? If yes, please list their name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special accommodations needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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#### YMCA USE ONLY

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## **Mentor Questionnaire**

Please take time to fill this survey out as completely as possible. The more information you provide, the better acquainted we become with you as a potential part of the Lend A Hand Mentor Program. This allows us to make the best decision possible for you and the child with whom you will be matched. Please use the backside of the paper if you need additional space for your answers. Your honesty and thoroughness are appreciated.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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1). Why do you want to become a Mentor?

2). How would you describe yourself?

3). If the child you mentor will be involved in activities with your family, please describe your family members.

4). Describe significant role models you have had in your life and how they've impacted your life.

5). What assets do you have that would benefit a Mentor/Mentee relationship?

6). What hobbies do you have? What types of things do you do for fun?

7). Do you have any concerns about being a Mentor? Please describe.

8). What are your expectations of a mentoring relationship?

9). What are your long range goals?

10). How would you feel about mentoring a child whose culture, values, lifestyle or behaviors are different from yours?

11). List the types of things that "push your buttons" and how you deal with them.

12). Please describe any situation you would feel uncomfortable working with.

13). Please describe your previous experience with children (parenting, family, and employment).

14). Have you ever volunteered or mentored before? If yes, when and where?

15). Describe your work experience in the past five years:

Employer:

Length of Employment:

Reason for Leaving:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16). Please check the highest level of education completed:

No high school graduation \_\_\_\_\_ High School graduate \_\_\_\_\_ College courses \_\_\_\_\_

Associate Degree \_\_\_\_\_ BA/BS Degree \_\_\_\_\_ Masters Degree \_\_\_\_\_ Ph.D. \_\_\_\_\_ Other \_\_\_\_\_

Area(s) of Study: \_\_\_\_\_

**Driving Record**

Do you have the following? Please answer yes or no.

\_\_\_\_\_ Access to a vehicle \_\_\_\_\_ Valid MN driver's license \_\_\_\_\_ Proof of auto insurance

Have you had any of the following? Please answer yes or no.

\_\_\_\_\_ Moving violations \_\_\_\_\_ Alcohol related offense \_\_\_\_\_ Unpaid tickets

\_\_\_\_\_ Accidents

\_\_\_\_\_ Outstanding warrants \_\_\_\_\_ License suspended \_\_\_\_\_ License revoked

\_\_\_\_\_ Insurance ever cancelled

Please explain any "yes" answers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Criminal History

Have you ever changed your name or used an alias, including maiden name(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain answer: \_\_\_\_\_

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Have you ever been accused, charged or convicted of a crime? Are there any current civil lawsuits against you? If yes, please explain:

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What do you expect we'll find from your criminal history check?

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Have you or any family member, who will be involved in the mentorship, ever been convicted of any of the following? Answering "yes" will not necessarily disqualify you from becoming a Mentor.

	Yes	No
Misdemeanor		
Gross Misdemeanor		
Felony		

Please explain any "yes" answers.

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Do you have a physical or mental condition that would limit you from serving as a mentor?

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Is there any other information about you that would be significant for the Program Director to know:

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Being a mentor, there are some things you may encounter that you are not prepared for. Here is a list of issues that you MAY encounter. Score the following with the number which best fits your comfort level in coping with the potential concerns or issues:

- 1- Would accept
- 2- Would consider
- 3- Would NOT be comfortable working with this issue

**A CHILD WHO IS OR HAS AN ISSUE WITH....**

- |  |  |
|--|--|
| <input type="checkbox"/> Hyperactivity                         | <input type="checkbox"/> Lacks confidence                              |
| <input type="checkbox"/> Quiet or Shy                          | <input type="checkbox"/> Steals/shoplifts                              |
| <input type="checkbox"/> Sexually Active                       | <input type="checkbox"/> Dresses differently/clothing fads             |
| <input type="checkbox"/> Pregnancy                             | <input type="checkbox"/> Physically challenged                         |
| <input type="checkbox"/> Abortion                              | <input type="checkbox"/> Emotionally challenged                        |
| <input type="checkbox"/> Doesn't show emotions                 | <input type="checkbox"/> Mentally challenged                           |
| <input type="checkbox"/> Lacks motivation                      | <input type="checkbox"/> Bedwetting                                    |
| <input type="checkbox"/> Experienced Abuse                     | <input type="checkbox"/> Poor hygiene                                  |
| <input type="checkbox"/> Smokes cigarettes                     | <input type="checkbox"/> Messy home                                    |
| <input type="checkbox"/> Belligerent/doesn't respect authority | <input type="checkbox"/> Lack of parental supervision                  |
| <input type="checkbox"/> Dishonest/exaggerates the truth       | <input type="checkbox"/> Chaotic family life                           |
| <input type="checkbox"/> Lacks good manners                    | <input type="checkbox"/> Extreme poverty                               |
| <input type="checkbox"/> Struggles with school                 | <input type="checkbox"/> Court Involvement                             |
| <input type="checkbox"/> Problems with peers                   | <input type="checkbox"/> Parent who is overwhelmed                     |
| <input type="checkbox"/> Problems with parents                 | <input type="checkbox"/> Involvement of absent parent                  |
| <input type="checkbox"/> Swearing/profanity                    | <input type="checkbox"/> Parent unable to speak English                |
| <input type="checkbox"/> Manipulation                          | <input type="checkbox"/> Parent with mental health issues              |
| <input type="checkbox"/> Talks a lot                           | <input type="checkbox"/> Religious beliefs that differ from your own   |
| <input type="checkbox"/> Drug or alcohol abuse                 | <input type="checkbox"/> Race that differs from your own               |
| <input type="checkbox"/> Eating disorders                      | <input type="checkbox"/> Sexual orientation that differs from your own |

The Kandiyohi County Lend A Hand Mentor Program and the Kandiyohi County Area Family YMCA are **all inclusive** with programming and do NOT discriminate on any level including age, gender, race, religion, or sexual orientation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Leah Thorpe  
Mentor Coordinator  
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mentor@kandiyomca.org



## LEND A HAND MENTOR PROGRAM

### Reference List

Please list 3 people you would like to use as character references. One reference must be a family member. For the others, you may want to choose a co-worker, supervisor, friend, classmate, teacher, or someone else that knows you well.

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_



# LEND A HAND MENTOR PROGRAM

## Background Check Policy

I understand that as a part of the process of applying to become a Lend A Hand volunteer mentor, a background check must be completed. I thereby authorize the Lend A Hand Mentor Program, and local and state agencies (social services, courts, law enforcement, etc.), to release all information requested relevant to my volunteer candidacy.

I further understand that if I am accepted into the Lend A Hand Mentor Program, any final decision about whether I am an appropriate volunteer for a specific mentee rests with the program coordinator and the parent/guardian of that mentee. Acceptance into the program does not guarantee that a match can or will be made. Relevant information obtained about the background and family of any mentee with whom I am being considered for a match, as well as information about myself will be shared during the matching process by the Program Director. My full name, as well as the full name of the mentee and his/her family members, will be kept confidential until all parties agree to a match. This process helps insure that the wishes of all parties are respected, yet maintains privacy should a match be declined by either party.

I have read and understand the above and give permission for the background investigation and exchange of information as it pertains to my volunteer status. I certify that all the information in my application is true and accurate. I understand that any misrepresentation of personal information or history may result in non-acceptance by or termination from the Lend A Hand Mentor Program.

Applicant's Name (please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature (if applicant is under 18) \_\_\_\_\_

Date \_\_\_\_\_

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