

Catholic Charities Level Up Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone# _____ Cell# _____ Work Phone# _____

Social Sec# _____

Date of Birth: ___/___/___ Gender: ___ Male ___ Female ___ Non-Binary

Please list all members of your household.

Name	Sex	Age	Relationship to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History

Please provide employment information for the past 5 years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Title: _____

Supervisor's Name: _____ Phone# _____

Date of Employment: From: _____ To: _____ (m/year)

Position Held: _____

Applicant's Name: _____

Employer: _____

Street Address: _____ City:

State: _____ Zip: _____

Title: _____

Supervisor's Name: _____ Phone# _____

Date of Employment: From: _____ To: _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____ City:

State: _____ Zip: _____

Title: _____

Supervisor's Name: _____ Phone# _____

Date of Employment: From: _____ To: _____ (m/year)

Position Held: _____

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

4. Can you commit to participate in the Level Up mentoring program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet in person or virtually with a youth twice weekly? Please explain any particular scheduling issues.
6. How would you describe yourself as a person?
7. How would your friends, family, and co-workers describe you?
8. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
9. Have you ever used illegal drugs? If so, what substances were used and how often?
10. Are you currently using any illegal drugs or controlled substances?
11. Do you drink alcoholic beverages? If so, what and how often?
12. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?
13. Do you use tobacco products? If so, what and how often?
14. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
15. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
16. Have you been investigated or convicted of child abuse or neglect? If yes, please explain.

17. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.

18. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding you mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

19. Are you willing to attend an initial member training session, monthly mentor meetings and two in-service training sessions per year after bring matched?

Applicant's Name: _____

Please read this carefully before signing:

Level Up Mentoring Program appreciates your interest in becoming a mentor. Please initial each of the following.

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that the Level Up Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow the Level Up Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature: _____ Date:

Please return or mail this application and the items listed above to:

Mark Saunders
Level Up Program
Our Daily Bread Employment Center
725 Fallsway
Baltimore, MD 21202