

## Guiding Light Mentoring Program ADULT MENTEE APPLICATION

### Personal Information

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

Spouses Name (if applicable) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Ethnicity: \_\_\_ White \_\_\_ Hispanic \_\_\_ African American \_\_\_ Asian \_\_\_ Other (please specify) \_\_\_\_\_

First Language \_\_\_\_\_ Language preference \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have minor children? Yes/No

Name	Gender	Age	Reside with you?

## Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper. The answers to these questions will aid us in the matching process.

1. Why would you like to participate in a mentoring program?

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2. Briefly describe your expectations of the mentoring program?

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3. Are you willing/able to meet with a mentor a minimum of four hours per month and have contact at least once a week for a minimum of one year? \_\_\_Yes \_\_\_ No

Please explain any particular scheduling issues that you may have.

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4. Can you provide any background information that may be helpful in matching you with an appropriate mentor? (Anything that we should be aware of that could be considered a trigger or make you completely uncomfortable, or anything that could make working with a certain type of mentor difficult.)

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5. Do you have any religious preferences you would like for us to take into consideration?

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## Medical History (IF you have this information and wish to share, if not it is not a problem)

Do you have any serious medical conditions that affect your daily life? \_\_\_Yes \_\_\_No

Are you receiving treatment for any medical conditions? \_\_\_Yes \_\_\_No

Are you currently taking any type of medications? \_\_\_Yes \_\_\_No

If yes, please explain\_\_\_\_\_

Do you have any known allergies? If yes, please explain\_\_\_\_\_

***Please read this carefully before signing:***

We appreciate your interest in becoming a mentee. This application is intended as a means of informing and gaining your consent to participate in the mentoring program.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if you have been accepted into the mentoring program. Much of the information that you supply in this application packet will be used to match you with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, and mentor based upon anonymous information provided about each other.

**Please initial the following**

\_\_\_ I give my informed consent that I am willing to participate in the Guiding Light Mentoring Program and its related activities.

\_\_\_ I agree to follow all of the mentoring program guidelines that I have received a copy of and understand that any violation on my part may result in suspension and/or termination of the mentoring relationship.

\_\_\_ I hereby acknowledge that I could be transported by my mentor while participating in the mentorship program, and that such transportation is voluntary and at my own risk.

\_\_\_ I release the Guiding Light Mentoring Program of all liability of injury, death, or damages to me, my family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

I understand that I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of this application being processed:

- Signed application
- Mentee Guidelines/Instructions Form
- Contact and Information Release Form (mentee/mentor)
- Contact and Information Release Form (outside persons)

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

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Signature

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Date

Please return or mail this application and all items listed above to

## **Guiding Light Mentoring Program**

A **CHILDREN'S LANTERN** project

Attn: Cathy Davis

320 Jackson Ave.

Defiance, OH 43512

419.913.2473 ext 5

## Contact and Information Release

(with potential mentee and mentor)

Name \_\_\_\_\_

Date \_\_\_\_\_

I hereby grant permission for the Guiding Light Mentoring Program to make contact with me and conduct a personal interview for the purpose of applying to be a mentee.

Further, I understand that my basic information will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and other relevant information will be shared with the mentor. After I have been matched with a mentor, I understand that it is my decision how much of my story I will share.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## Contact and Information Release

(for outside persons)

I \_\_\_\_\_ give consent for Children's Lantern to share general information with the following list of people and or agencies in order to protect my safety, give references and share my participation in the Housing Program Program.

Person/Agency

Date Signed

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Date

## ADULT MENTEE GUIDELINES/INSTRUCTIONS

1. Be dependable and punctual! If you will be late or absent, please notify the mentor as soon as possible.
2. Never put yourself into situations that could be perceived as inappropriate. Meet in public places as much as possible. Examples– Never be in a home alone with your mentor. Never be in a bedroom or bathroom with your mentor.
3. Absolutely **NO** photos or sharing of information can be shared on social media sites!
4. Refer serious concerns or problems to your mentor coordinator.
5. Smoking, drinking or drug use is not permitted while with a mentor.
6. When meeting and talking with mentor in public, avoid talking about private matters where others can hear.
7. Respect cultural and social differences and religious beliefs. Do not try to change them, but instead accept them as they are. Avoid imposing your own upon them.
8. Make any promises sparingly and keep them faithfully.
9. Mentor/mentee assignments may be changed if either the mentor or mentee request it.
10. Please do not carry weapons of any kind when spending time with your mentor.
11. After I have been matched with a mentor, I understand that it is my decision how much of my story I will share.

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Participant's Signature

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Date