



**Building Bridges Mentoring Program
Washington County Youth Bureau**

County Municipal Center
383 Broadway
Fort Edward, New York 12828

Program Coordinator: Tammy Jursza
(518) 746-2317

Michael J. Gray
Director

(518) 746-2330 or (518) 746-2333
Fax (518) 746-2331

Susan Mowrey
Assistant Director

MENTOR APPLICATION

Date of Application: _____

* Please print or write legibly. Thank you.

Name: _____

Local Address: _____

Years at this address _____ Date of birth ___/___/___ Soc. Sec # ___/___/___

Please list all names you have ever used: (e.g. maiden name, past married name, alias, etc.)

Home Phone: _____ Work Phone: _____

E-mail: _____

Best time to contact you at: Home: _____ at work: _____

EMPLOYMENT HISTORY:
Current Employment

Occupation: _____ Title / Position: _____

Employer: _____

Address:

May you be called at work? _____ Years with current employer: _____
Normal Work Schedule: _____

Name and Title of Supervisor: _____

Past Employment:

Name and Address of Previous Employer(s): (if less than five years with current employer)

Title/Position: _____ Number of Years with Company: _____

Name of Supervisor: _____ Phone number, if available: _____

EDUCATIONAL BACKGROUND:

Name and Address of High School:

Years of High School Completed: _____

Name and Address of College (if applicable): _____

Years of College Completed: _____ Type of Degree(s) Earned: _____

Other Education: _____

List any service and/or fraternal groups you may belong to: _____

VOLUNTEER EXPERIENCE:

Please list all previous volunteer experiences: _____

Have you ever participated in programs/activities involving young people? If so, explain: _____

Have you ever been a mentor (or "Big Brother/Big Sister") before? _____

If so, where, when and for how long? _____

Describe type of program/type of activities involved: _____

MILITARY SERVICE:

Have you ever been in the Armed Forces of the United States of America? _____

Branch: _____ Date of Entry: _____

Date of Discharge: _____ Type of Discharge: _____

Service Serial Number: _____

TRAFFIC VIOLATIONS:

Have you had any traffic violations or accidents in the past 5(five) years? _____
If yes, please give particulars (i.e. approximate dates, locations, offenses, etc.)

CRIMINAL ARREST RECORD:

If you have ever been convicted of any crime (except for traffic violations),

Please describe below: (felony or misdemeanor, what charge, date of

incident(s), what court handled this charge) _____

Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? _____

Are you now under charges for any crime? _____

Have you ever been convicted of child abuse? _____

If yes,
explain: _____

REGARDING WASHINGTON COUNTY YOUTH BUREAU'S MENTORING PROGRAM:

How did you hear about this particular mentoring program? _____

Why do you want to become a mentor? _____

Please describe the activities you envision sharing with your match: _____

Have you discussed your plans to become a mentor with your family? _____

What do they think about it? _____

Training sessions are required. (Training will include a three to four hour basic training requirement and additional training as per needs). Are you willing/able to attend as required?

What days/times are best for you to participate in training? _____

Can you commit ONE FULL YEAR to the program? _____

Do you agree to allow for a minimum of at least one meeting per week (2-4 hours average) and one phone contact per week with your match? _____

Do you agree to work with, communicate with, and maintain contact with the Washington County Mentoring Coordinator for facilitating a positive match outcome for your match? _____

***Do you agree not to end the match without first discussing it with the Mentoring Coordinator? _____**

I hereby authorize investigation of all statements contained in this application. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form or during any interview is cause for termination of participation without notice. I understand that references contacted will not necessarily be limited to those indicated on this application. I authorize my former employers/schools and other individuals to release information relevant to my knowledge, skill, ability, experience, and suitability for the position for which I am applying. I also authorize the Washington County Youth Bureau to screen as appropriate, which may include, but not be limited to, a criminal background check.

I will have zero percent blood alcohol content and I will not be under the influence of illegal drugs during my time with my mentee (child). Also, I will refrain from using tobacco products during our (mentor/mentee) time together. I further understand that participation with the Washington County Youth Bureau is "at will" in that I or the Washington County Youth Bureau may terminate participation at any time for any reason consistent with position standards and/or applicable state or federal law.

DATE _____ SIGNATURE _____

<http://www.co.washington.ny.us>