 . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Part I MENTOR ELIGIBILITY PRE-SCREEN

 **Required**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Middle name (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex:\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Retired □ Yes □ No Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you resided in Broward County? \_\_\_\_\_\_\_\_years \_\_\_\_\_\_\_\_\_\_months

 **When did you start living at current Address? \_\_\_ Year \_\_\_\_ Month:**

**Your Address History prior to current year. \*\* Please include Street address, City, State, Year and month**

**Strreet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_ Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_ Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_**

**Please answer the follow questions:**

1. Are you available to meet with a youth 4 hours per month and have face-to-face contact at least one hour a week? □ Yes □ No
2. What qualities, skills, or other attributes do you feel you have that would benefit a male youth without an active father in his life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Can you commit to participate in **the Mentoring with a Father’s Heart project** for a minimum of one year from the time you are matched with a youth? □ Yes □ No
**We are asking for a long -term commitment of a minimum of one year for this project**
4. What are your plans for the next 12 to 24 months including vacation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How would you describe yourself as a person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How do your friends describe you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you ever been arrested or convicted of a crime? \_\_\_\_\_ If yes, how long ago? Please explain : You could still be considered with a criminal record based on the crime and since then have a clean criminal record for 7 years

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been investigated or convicted of child abuse or neglect, sexually abusing or molesting a youth 18 or younger? If yes, please explain ( We conduct background Check) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program? □ Yes □ No
3. Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched with a youth? □ Yes □ No

On approval of your application you will be matched with a male youth in the **Mentoring with a Father’s Heart program**an initiative of the Tranquil Manor Foundation a Youth Development and Mental wellness organization. This program mentors male youth between the ages of 6 and 19 years old struggling with the challenges of growing up without involved fathers or positive male role models in their lives and can benefit from as little as 1 hour of your time weekly.  Male youth in the **Mentoring with A Father's Heart** program have different father absence background and challenges in their lives.

I understand: \* Please initial the space provided at the beginning of each statement

\_\_\_ I have to be certified as a mentor for enrollment in the **Mentoring with a Father’s Heart Project**

 During this process background checks will be completed including driving record.

\_\_\_ I am not a mentor until I receive an acceptance letter which if accepted such acceptance letter

 Shall indicate my effective date of mentorship. We will not give a reason for non- acceptance.

\_\_\_ I understand that upon acceptance I will assume my position as a volunteer Mentor.

\_\_\_I understand that I must maintain a current automobile insurance policy to become a mentor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature
Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Mentor Pre-enrollment form Part 2 Pre- Mentor enrollment Information** | C:\Users\Iola Smith\Pictures\SmallLogo.png |

 **Part II Personal Information Write in This Section**

|  |  |
| --- | --- |
| **Social Security Number** |  |
| **Driver’s license number (ownership of motor vehicle is not a requirement)** |  |
| **Emergency Contact:** |  |
|  **Street** |  |
|  **City** |  |
| **Phone number** |  |

**Availability**

During which hours are you available

|  |  |
| --- | --- |
| \_\_\_Weekday mornings | \_\_\_Weekend mornings |
| Weekday afternoons | \_\_\_Weekend afternoons |
| Weekday evenings | \_\_\_Weekend evenings |

**Interests**

Research shows that the best matches are made on the basis of similar interest and values

1. Tell us which activities you enjoy the most by placing an X next to the activities

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Playing video games | Drawing and coloring | Crafts | Shopping | Games/Puzzles |
| Watching sports | Playing sports | Dance | Listening to music | Playing Music/instruments |
| Using computers | Nature/animals | Writing | Reading | Cars/Trucks |
| Hiking | Biking/skateboarding | Cooking | Learning about other cultures | Movies/TV |

 |
|  |
| Other activities not mentioned above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Demographic Questions & References |

**Do you prefer working with a particular age group**

|  |  |
| --- | --- |
|  Age 7 | Ages 12-13 |
|  Ages 8-9 | Ages 14-15 |
|  Age 10 -11 | Ages 16 -18 |
| **Ages 18-30 in the recovery stage of a mental illness**  |  |

**This information will help us select the best possible match**

|  |  |
| --- | --- |
| \_\_\_quiet, reserved youth | \_\_\_ no \_\_\_ no preference |
|  \_\_\_outgoing  |  *no \_\_\_ no preference* |
| \_\_\_very active  |  no ----- no preference  |
|  |
| Do you speak any language other than English, if yes please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you worked with youth in other organizations \_\_\_\_ yes \_\_\_\_\_ no |
| If yes Where did you work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Educational Background |
|  ( ) Some high school ( ) Graduate /professional school |
| ( ) High School graduate ( ) Technical School  |

 ( ) Some College ( ) College graduate

|  |
| --- |
| **What days of the week are you available to volunteer ( check all that apply)**\_\_\_Monday \_\_\_ Tuesday \_\_\_ Wednesday\_\_\_\_ Thursday \_\_\_\_ Friday\_\_\_\_ Saturday \_\_\_ SundayWhat is the best time for you to volunteer? ( Check all that apply)\_\_ mornings \_\_ afternoon \_\_\_ Evenings \_\_\_ weekends |

 **References: Please list \*\* (3) persons (one family member, one personal friend, employer)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: Email Address: |

**Work Reference**

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
|  Work Phone |  |
| Email address |  |
| Relationship |  |

**Social Relationship History**

Do you have any children? ( ) yes ( ) no If yes what are their ages and gender? And relationship with them

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How do you handle stress or crisis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL Practices**

Do you have any personal practices that would interfere with your mentoring schedule?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any values or principles that you live by? What are they?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our Policy

We request that if you have a gun it should be kept out of the reach of your mentee. We request that certain home entertainment should be evaluated for inappropriate viewing by your mentee (Video games, movies, etc.)

Do you have any guns or ammunition in your house?

 No Yes if yes are you willing to keep your gun in a safe secured place? Yes ( ) No ( )

Would you be able to secure or otherwise make unavailable any youth inappropriate viewing of materials in your home? This would include television channels and internet access. ( ) No ( ) Yes

If yes we will discuss at face to face interview.

Do you have any pets No Yes If yes) what are your pets?

Are you experiencing any physical and/ or mental health problems/issues that could affect a match and of which we need to be aware? **(If yes we will have you discuss during the in-person interview)**

 No Yes If yes) please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested, charged or convicted of a crime? **\*\* Please note that we complete a full motor vehicle and sexual predator check on each volunteer**

 No Yes If Yes) Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indemnity:** Please write initial in box below

( **) I release** Tranquil Manor Foundation, Inc. and its program **Mentoring with a Fathers’ Heart** including its employees , volunteers or representatives of all liability of injury, death, or other damages to me, my heirs, family and estate, that may result from my participation in the Program, including but not limited to transportation of mentee, and hold harmless any Tranquil Manor Foundation mentor, project staff, administrative Volunteers or other representatives, both collectively and individually, of any injury, physical or emotional.

**Certification, Agreement and Signature: Please write initial in each box provided below**

( ) I certify that my driver’s license and automobile insurance is current

( )  **I agree** to allow Tranquil Manor Foundation, Inc. to use any photographic images and Videos taken while participating in the mentoring program. These images may be used in program promotions or other related marketing materials.

( ) I agree that Tranquil Manor Foundation use some or all of the information collected on this pre-enrollment form to check my background including criminal records, driving records and any other applicable screening required by law for those who work with children and young adults.

By submitting all pages of this application to become a volunteer mentor I affirm that the facts set forth in them are true and complete. I understand that if I am accepted to mentor a boy any false statements, omissions, or other misinterpretation will cause a dismissal and you may be subjected to further consequences.

 Write in this area

|  |  |
| --- | --- |
| Name: (printed) |   |
| Signature: |   |
| Date: |  |

Please return all pages of this application C/O Youth Development coordinator

4229 NW 50th Terrace, Lauderdale Lakes, FL 33319 OR

Attached to an email tranquilmanorfoundatuion15@gmail.com Or Fax: 954- 900-8871

After faxing or emailing please bring original to the interview