



MENTOR APPLICATION PACKET

Thank you for your interest in VAM and the children who we serve. We are committed to building friendships to help God's children dream, achieve, and become leaders for future generations. Enclosed you will find the following:

- Mentor Application
- VAM's Statement of Faith
- References

The completion and submission of these items is one of the first steps in becoming a mentor. The process of becoming a mentor may take a month or two so we can ensure the best match and safety for our children and mentors. The following is the general process for becoming a mentor:

- Application Packet (usually submitted in at the training)
- Mentor Training
- Reference checks
- Interview with Mentor Coordinator
- Background check
- Match and Meet signing of the friendship agreement

The mentor is neither guaranteed, nor committed to a protégé until the friendship agreement is signed. If you have any questions regarding the application process, or anything else about VAM, please email vamentoring@gmail.com

Thanks,

Adam Stanley

Director of Mentoring

Vision Atlanta Mentoring

Mentor Application

Name: First: _____ Middle: _____ Last: _____

Address: _____

City/County/State/Zip Code: _____

Date of Birth: _____ Gender: M _____ F _____ Marital Status: _____

Name of Spouse: _____ Race/Ethnicity: _____ Drivers License # _____

Social Security Number: _____ - _____ - _____ Education you have completed: _____

Daytime Phone #: _____ Evening Phone #: _____ Cell Phone #: _____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: _____

Email: _____ Fax#: _____

Place of Worship Name: _____

Religious Leaders Name: _____

Address/City/State/Zip: _____ Phone #: _____

Are you willing to spend one year investing in the life of a child with weekly contact? Yes _____ No _____

Do you have any previous experience with mentoring? If so, how many years? _____

What grade level would you like to begin mentoring? Elementary (4-5) _____ Middle (6-8) _____

Note: Male mentors will be paired with male youth and female mentors will be paired with female youth

How and when did you come to faith in Christ?

Please list the reasons why you want to be a youth mentor:

Explain any experience you have had in working with children:

If you are married or living with relatives, how does your family feel about you becoming a mentor?

Please list interests and hobbies:

Have you ever been charged with or been convicted of a criminal offense, other than a traffic violation? If so please explain? Yes ___ No ___ If yes,

explain: _____

Signature _____ Date _____

VISION ATLANTA MENTORING STATEMENT OF FAITH

1. I Believe the Bible to be the inspired, only, infallible, authoritative word of God.
2. I Believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
3. I Believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. I Believe that the salvation of lost and sinful people, regeneration by the Holy Spirit is absolutely essential.
5. I Believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6. I Believe in the spiritual unity of all believers in our Lord Jesus Christ.

I, _____, affirm the statement of faith to be true and personally agree with each statement.

Signature _____ Date _____



Background Verification Authorization

I hereby authorize Vision Atlanta (which includes Vision Atlanta Mentoring) to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge Vision Atlanta (which includes Vision Atlanta Mentoring) and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

By signing below I accept the role of helping my mentee develop his/her God given gifts and to bring the Gospel to his/her attention and I will make the minimum contacts each month as outlined in the training.

Applicant's Signature

Date

Applicant's Printed Name

Complete this form and return to Adam Stanley – vamentoring@gmail.com P.O. Box 867 Roswell, GA 30077-0867 (678) 612-4060 – phone

VISION ATLANTA MENTORING

P.O. Box 867

Roswell, GA 30077-0867

(678) 612-4060

Friend Reference

Dear _____ Date: _____

_____ has applied for volunteer work with Vision Atlanta Mentoring, a Christian program involved with children and families in trouble or "at risk." The above named individual is being considered for involvement with an at-risk child in a one-to-one mentoring relationship. Due to the difficult nature of working with at-risk children, we need a candid recommendation from you. To help us determine whether this person is best suited for this type of volunteer work, we would appreciate you taking the time to answer the questions on this form as fully and specifically as you can. **Please be assured that this information will be kept in confidence.** To help ensure this, mail it directly to the address located at the top left corner of this form.

How long have you known the applicant? _____

In what capacity? _____

Does the applicant have a good home relationship? _____

Does he/she work well with others? _____

Please comment on his/her level of commitment _____

Does he/she have a tendency to over-commit him/herself? _____

How would you rate him/her according to the following:

	Excellent	Good	Average	Poor	Don't Know
Personal Habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Responsibility to complete commitments	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Christian maturity	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

If you were in our position, would you, without hesitation, consider this person to be a volunteer in this capacity?

Is there any reason why you would not recommend this applicant for working with a child? If yes, please explain.

To your knowledge, has the applicant ever been arrested? Y/N _____ Comment: _____

To your knowledge, has the applicant ever been accused or convicted of child abuse? Y/N _____

Comment: _____

Please call me, I'd like to give some detailed information concerning this applicant.

Signature _____ Date _____

Home Phone _____ Work Phone _____

Please use the back of this form if more room is needed. Your immediate response is greatly appreciated!

VISION ATLANTA MENTORING

P.O. Box 867
Roswell, GA 30077-0867
(678) 612-4060

Pastor Recommendation

Pastor's Name: _____ Church Name: _____

Dear _____ Date: _____

_____ has applied for volunteer work with Vision Atlanta Mentoring, a Christian program involved with children and families in trouble or "at risk." The above named individual is being considered for involvement with an at-risk child in a one-to-one mentoring relationship. Due to the difficult nature of working with at-risk children, we need a candid recommendation from you. To help us determine whether this person is best suited for this type of volunteer work, we would appreciate you taking the time to answer the questions on this form as fully and specifically as you can. **Please be assured that this information will be kept in confidence.** To help ensure this, mail it directly to the address located at the top left corner of this form.

How long have you known the applicant? _____

In what capacity? _____

Does the applicant have a good home relationship? _____

Does he/she work well with others? _____

Please comment on his/her level of commitment _____

Does he/she have a tendency to over-commit himself/herself? _____

How would you rate him/her according to the following:

	Excellent	Good	Average	Poor	Don't Know
Personal Habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Responsibility to complete commitments	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Christian maturity	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

If you were in our position, would you, without hesitation, consider this person to be a volunteer in this capacity?

Is there any reason why you would not recommend this applicant for working with a child? If yes, please explain.

To your knowledge, has the applicant ever been arrested? Y/N _____ Comment: _____

To your knowledge, has the applicant ever been accused or convicted of child abuse? Y/N _____

Comment: _____

Please call me, I'd like to give some detailed information concerning this applicant.

Signature _____ Date _____

Church Phone _____

Please use the back of this form if more room is needed. Your immediate response is greatly appreciated!

VISION ATLANTA MENTORING

P.O. Box 867

Roswell, GA 30077-0867

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Spouse/Relative Reference

Dear _____ Date: _____

_____ has applied for volunteer work with Vision Atlanta Mentoring, a Christian program involved with children and families in trouble or "at risk." The above named individual is being considered for

involvement with an at-risk child in a one-to-one mentoring relationship. Due to the difficult nature of working with at-risk children, we need a candid recommendation from you. To help us determine whether this person is best suited for this type of volunteer work, we would appreciate you taking the time to answer the questions on this form as fully and specifically as you can. **Please be assured that this information will be kept in confidence.** To help ensure this, mail it directly to the address located at the top left corner of this form.

How long have you known the applicant? _____

In what capacity? _____

Does the applicant have a good home relationship? _____

Does he/she work well with others? _____

Please comment on his/her level of commitment _____

Does he/she have a tendency to over-commit him/herself? _____

How would you rate him/her according to the following:

	Excellent	Good	Average	Poor	Don't Know
Personal Habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Responsibility to complete commitments	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Christian maturity	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

If you were in our position, would you, without hesitation, consider this person to be a volunteer in this capacity?

Is there any reason why you would not recommend this applicant for working with a child? If yes, please explain.

To your knowledge, has the applicant ever been arrested? Y/N _____ Comment: _____

To your knowledge, has the applicant ever been accused or convicted of child abuse? Y/N _____

Comment: _____

Please call me, I'd like to give some detailed information concerning this applicant.

Signature _____ Date _____

Home Phone _____ Work Phone _____

Please use the back of this form if more room is needed. Your immediate response is greatly appreciated!

VISION ATLANTA MENTORING

P.O. Box 867
 Roswell, GA 30077-0867
 (678) 612-4060

Employer Reference

Dear _____ Date: _____

_____ has applied for volunteer work with Vision Atlanta Mentoring, a Christian program involved with children and families in trouble or "at risk." The above named individual is being considered for involvement with an at-risk child in a one-to-one mentoring relationship. Due to the difficult nature of working with at-risk

children, we need a candid recommendation from you. To help us determine whether this person is best suited for this type of volunteer work, we would appreciate you taking the time to answer the questions on this form as fully and specifically as you can. **Please be assured that this information will be kept in confidence.** To help ensure this, mail it directly to the address located at the top left corner of this form.

How long have you known the applicant? _____

In what capacity? _____

Does the applicant have a good home relationship? _____

Does he/she work well with others? _____

Please comment on his/her level of commitment _____

Does he/she have a tendency to over-commit him/herself? _____

How would you rate him/her according to the following:

	Excellent	Good	Average	Poor	Don't Know
Personal Habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Responsibility to complete commitments	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Christian maturity	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

If you were in our position, would you, without hesitation, consider this person to be a volunteer in this capacity?

Is there any reason why you would not recommend this applicant for working with a child? If yes, please explain.

To your knowledge, has the applicant ever been arrested? Y/N _____ Comment: _____

To your knowledge, has the applicant ever been accused or convicted of child abuse? Y/N _____

Comment: _____

Please call me, I'd like to give some detailed information concerning this applicant.

Signature _____ Date _____

Home Phone _____ Work Phone _____

Please use the back of this form if more room is needed. Your immediate response is greatly appreciated!