FORT SMITH
BOYS & GIRLS CLUBS

FORT SMITH Alumni & Friends BOYS & GIRLS CLUBS

STAND WITH U MENTORING PROGRAM
MENTOR APPLICATION

Name _____ **Soc. Sec. No.** _____

Address _____ **City/State/Zip** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Employer _____ **Occupation** _____

Driver's License State & No. _____ **Date of Birth** _____

email _____

Employment History (last three places)

Employer	Contact Name	Phone

Local References (list three non-family members)

Name	Occupation	Phone

Preference of Youth: (circle choices)

Gender: Female Male No preference **Age:** 6-10 10-12 13-15 16-18 No preference

Ethnicity: Caucasian African-American Hispanic Asian No preference

Behavior: No behavior problems Slightly challenged Very challenged No preference

Boys & Girls Unit: Jeffrey Goldtrap-Gardner Stephens Evans No preference

If you mentored last year, would you prefer to work with the same child? Yes No

Give any information about yourself that may help in matching you with a mentee:

T-shirt size (Please circle one) **Adult S M L XL 2XL**

Mentor Release Statement: I, the undersigned, hereby state that if accepted as a Mentor, I will agree to abide by the rules and regulations of the Fort Smith Boys & Girls Club "Stand With U" Mentoring Program. (See Rules and Regulations in Handbook.) I understand that the program involves spending 30 minutes to an hour per week at the assigned Boys & Girls Club unit with my mentee. Further, I understand that I will be communicating with the "Stand With U" Director on a monthly basis. I hereby release the Fort Smith Boys & Girls Club to run a background check on me, solely for the purposes of this mentoring program. I have not been convicted,within the past 10 years, of any felony or misdemeanor classified an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not currently under indictment. Further, I hereby fully discharge FSBGC personnel, participating sponsors or organizations from any liability, claims, causes of action, costs and expenses which may be attributal to my participation in the "Stand With U" Mentoring Program. I have read the above Release Statement and agree to its contents. To the best of my knowledge and belief, all statements in this questionnaire are true and accurate.

Printed Name _____ **Signature** _____ **Date** _____