



## MENTOR APPLICATION

### PROGRAM INFORMATION

House of Grace is a Christian non-profit agency, committed to providing women safe, transitional housing and resources for those in need so they can become independent and productive members of the community.

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

HomeAddress \_\_\_\_\_

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

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

Email \_\_\_\_\_

Current Occupation \_\_\_\_\_

Past Work Experience \_\_\_\_\_

### PERSON TO NOTIFY IN CASE OF EMERGENCY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone/Cell \_\_\_\_\_

Email: \_\_\_\_\_

Relationship \_\_\_\_\_

**CHURCH INFORMATION**

Name of Church \_\_\_\_\_

Number of Years Attended \_\_\_\_\_ Currently Attending? \_\_\_\_\_

List Any Church Duties, Responsibilities or Special Involvement \_\_\_\_\_

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

**MENTOR INFORMATION**

Are you a Christian? Yes No

Describe your current relationship with the Lord \_\_\_\_\_

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

Do you have volunteer/work experience with pre-incarcerated women? \_\_\_\_\_

Do you have volunteer/work experience with women who have substance abuse issues? \_\_\_\_\_

Do you have volunteer/work experience with women in crisis? \_\_\_\_\_

To assist us in the process of matching you with a resident, please circle each of the following that best describes you:

- |                      |                           |               |
|----------------------|---------------------------|---------------|
| Cheerful             | likes to be around people | punctual      |
| Shy                  | creative                  | open-minded   |
| Self-motivated       | dependable                | good listener |
| Active               | leader                    | great talker  |
| Thoughtful           | sensitive                 | patient       |
| Organized            | easy going                | fair          |
| Honest               | compassionate             | wise          |
| Possess common sense | peacemaker                | encourager    |
| Sets boundaries      | mature                    | humble        |

Are you academically oriented? Yes      No

Best Subjects \_\_\_\_\_

Do you like music? Yes      No

Instrument you play \_\_\_\_\_

Music you listen to \_\_\_\_\_

Do you like sports? Yes      No

Sports you participate in \_\_\_\_\_

Sports you like to watch \_\_\_\_\_

What is the language your family uses at home? \_\_\_\_\_

What are your interests and hobbies? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When may we contact you for an interview?

Best Day(s) \_\_\_\_\_ Best Time \_\_\_\_\_

### REFERENCES

Please provide three references

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

### DISCLOSURE

Have you ever been convicted of, or pled guilty to, a crime regardless of whether the conviction was later set aside or expunged? A "crime" means all felonies, misdemeanors and serious driving offenses (e.g. DWI/DUI and reckless driving), but does not include minor traffic offenses. \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of, or pled guilty to charges of child abuse, domestic violence, or any crime involving actual rape or sexual molestation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "Yes" to either of the above, please give offense(s) for which convicted, date of conviction, and jurisdiction. Indicate if expunged or set aside and give date(s). (A prior conviction will not automatically bar a potential volunteer from ministry appointment).

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### CONFIDENTIALITY/BEHAVIOR COMMITMENT

Accusations of sexual abuse and/or molestation will not be tolerated and such accusations will be reported immediately to the proper authorities. Until a determination has been made, the accused will be suspended from any involvement with House of Grace, Inc. and its affiliates. **INITIAL** \_\_\_\_\_

I promise to keep all information about House of Grace participants confidential. At no time is it permissible to share residents' information with someone outside of the program. Resident information stays between the House of Grace staff and Volunteer working directly with each resident. **INITIAL** \_\_\_\_\_

I understand if, at any time, it is discovered that I have breached confidentiality, I will be dismissed from volunteering in the House of Grace program and will no longer be allowed any contact with the residents. **INITIAL** \_\_\_\_\_

If at any time I have reason to believe that a resident is in danger of hurting herself, hurting someone else, or that the resident is in danger, it is my responsibility to report this immediately to the House of Grace staff. **INITIAL** \_\_\_\_\_

### ALCOHOL/DRUG INFORMATION

I understand that House of Grace is an alcohol and drug free half-way home? \_\_\_\_\_ Yes \_\_\_\_\_ No

I am willing to submit to a urine analysis/breathalyzer test if requested? \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that the residents of House of Grace are banned from using alcohol and illegal drugs and should be surrounded by environments free from these substances. I agree that I will encourage them to refrain from these substances and that I will not in any way provide, entertain, or use these substances in their presence. **INITIAL** \_\_\_\_\_

### MENTOR AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a mentor with House of Grace, any false statements, omissions, or misrepresentations made by me on this application may result in my immediate dismissal.

**NAME (PRINTED)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**BACKGROUND NOTIFICATION & AUTHORIZATION**

**NOTICE – BACKGROUND INVESTIGATION**

In connection with your application to serve as a mentor with House of Grace, notice is hereby given that a consumer report, and/or investigative consumer report may be obtained from a consumer reporting agency for employment/volunteer purposes. These reports may contain information about your character, general reputation, person characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, driving and/or motor vehicle records, education or employment history, or other background checks.

The scope of this notice and below authorization is not limited to the present and, if you are accepted as a mentor, will continue throughout the course of your mentoring and allow the House of Grace to conduct future screenings for retention or reassignment, as permitted by law and unless revoked by you in writing.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by House of Grace at any time after receipt of this authorization and throughout the course of my mentor status, if applicable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ SSN \_\_\_\_\_

