



At-Risk Mentoring Application

Date: _____ Name: _____

Current Address: _____
(street) (city) (state) (zip)

Mailing Address: _____
(street) (city) (state) (zip)

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of birth: _____ Age: _____

Ethnic Background: _____

Please provide three references that are not related to you. They can include present or past employers, professors, or close friends.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

How did you learn of YES' mentoring program? _____

Describe your previous experience mentoring/volunteering or working with youth.

What skills can/would you contribute to the program? How will they enhance your ability to be a youth mentor?

In your past, please name and provide insight on how you handled a difficult situation.

Write a brief statement on why you want to be a mentor.

Do you have a car? ☐ Y ☐ N

Would you like to carpool with other mentors? ☐ Y ☐ N

Mentor Confidentiality Agreement

I, the undersigned, understand that in my capacity as a mentor for Youth Emergency Services, I may have the opportunity to become aware of confidential information concerning the clients, staff, and operations of this organization.

I am aware that anything I learn or experience during my mentor interaction, which may be considered sensitive or privileged information, must be held in strict confidence. I agree that I will not share protected information, nor divulge identifying information regarding the clients, staff, or operations of Youth Emergency Services or related individuals or entities.

Failure to comply with confidentiality expectations may result in immediate termination of my mentoring relationship with Youth Emergency Services.

Signature: _____

Date: _____

Print Name: _____

Release and Waiver of Liability Regarding Request for Reference (Past or Present)

I, the undersigned, authorize Youth Emergency Services to respond to requests of references concerning my mentoring at YES and to provide whatever information or judgment(s) concerning my mentoring record or myself that YES deems appropriate at their sole discretion. I realize that YES is not legally required to respond to reference requests, but it is important to me that they do. In consideration, I waive any claim or charge against YES and release YES and all of its officers and employees of any and all liability as a result of information or judgment(s) that are provided in response to any reference request(s).

Signature: _____

Date: _____

Print Name: _____

Mentor Commitment

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
9 AM							
10 AM							
11 AM							
12 PM							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM							

Please color in the spaces in which you are busy and unable to devote time to your mentee. Leave the spaces that you are free unmarked. This will help us in determining which mentee will be best suited for you.

Minimum Contact Required:

- At least 18 months
- Make contact with mentee at least four hours per month

This includes:

- In person
- By email
- By phone
- By text messages

We ask that when you set up a time with your mentee, you make sure you are there and on time. These requirements are set in place to ensure that a one-on-one relationship can be developed between you and the mentee. Though this program is flexible we expect commitment from our mentors.

YES will best match you with a mentee who we believe will be a good fit for you. We will contact you for an interview after your application has been processed. Thank you for your interest in our program.

By signing below, you attest to the truthfulness of all information listed on this application. You agree to allow our program to confirm all information listed and to conduct federal and state criminal record checks.

Signature: _____

Date: _____



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