

AAMP Mentor Application

I. BACKGROUND INFORMATION:

Name: _____ Sex: _____

Address: _____

City: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

Fax Phone: () _____ Email Address: _____

Previous Last Names Used: _____

II. RESIDENCES: List residences in the last 5 years.

Address/City/State:	Dates:
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

III. EDUCATION:

High School: _____ City/State: _____

Dates Attended: _____ to _____ Graduated? _____

Post High School Education:

School	Major/Dates Attended	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. MILITARY SERVICE:

Branch	Dates	Type of Discharge
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. JOB HISTORY:

- Present Occupation: _____ Dates: _____ to _____
Work Days and Hours: _____
Employer: _____
Address: _____
Phone: () _____ - _____ Ext. _____
Name of Supervisor: _____
Can we call you at work? _____
If not, why not? _____

Friends of Children/AAMP will be contacting your employer as a reference. Is there any reason you would not want us to contact your employer? **Yes** ____ **No** ____

If yes, please explain: _____

VI. ANTICIPATED FUTURE CHANGES:

Do you know of, or have any reasonable expectation of, any future change in your family status, vocation, or residence? _____
If yes, please explain. _____

VII. PREVIOUS APPLICATION:

Have you ever applied to be a volunteer at Friends of Children before? _____
If yes, please explain. _____

VIII. MEDICAL HISTORY:

Major Illnesses/Medical Problems	Treatment	Dates

Do you take any special medication? _____
If yes, please explain. _____

Have you ever sought counseling or psychological treatment of any type? _____

If yes, please explain. _____

Have you ever had problems with the use of alcohol or drugs? _____

If yes, please explain. _____

IX. TRANSPORTATION:

Are you a licensed driver? _____

If yes, do you have your own transportation? _____

Do you carry liability insurance? _____

Friends of Children/AAMP will need a copy of your insurance certificate for our files.

Driving Record: (*Friends of Children/AAMP will need a copy of your driving record. You can obtain a copy at any RMV. This section needs to be filled out in addition to the RMV report.*)

Infraction

Date

X. REFERENCES:

List four local references, including one relative, one co-worker, and two friends who have known you at least two years.

Name: _____ **Relationship:**

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

Name: _____ **Relationship:**

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

Name: _____ **Relationship:** _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

Name: _____ **Relationship:** _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

XI. LEGAL HISTORY:

Have you ever been arrested? _____

If yes, please explain. _____

Offense	Date	Action

Have you ever been investigated and/or charged with child abuse or neglect? _____

If yes, please explain. _____

Have you ever been investigated for and/or charged with crimes against children? _____

If yes, please explain. _____

Have you ever been investigated for and/or charged with assault? _____
If yes, please explain. _____

Have you ever been investigated for and/or charged with any other offenses? _____
If yes, please explain. _____

XII. PERSONAL DATA:

Are there any values and/or beliefs that you hold that could influence your work with a foster youth?

Why do you think children enter foster care?

Why don't some kids leave foster care, (not adopted, not going back home, etc.)?

In your opinion, what issues do foster kids face?

How do you relate to young people?

Please list hobbies and activities that you enjoy.

Do you have any special training or skills?

Please list language skills.

Please list any professional memberships, community organization affiliations, etc.

Have you had any experience working with children (volunteer, paid, etc.)? _____
If yes, please describe. _____

Additional Comments: _____

Friends of Children/AAMP MEDICAL RELEASE FORM

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Daytime Phone: () _____ Evening Phone: () _____

Name: _____ Relationship: _____

Daytime Phone: () _____ Evening Phone: () _____

Signature: _____ Date: _____

Print Name: _____

Home Address: _____

Phone: _____

ADDITIONAL INFORMATION:

Please read before signing.

Friends of Children/AAMP does not discriminate according to race, religion, physical handicap, sexual preference or economic status.

I hereby apply to be a volunteer in **Friends of Children/AAMP**. I understand that **Friends of Children/AAMP** will interview me about my background, motivation, expectations and other personal qualities, which might have a bearing on my appropriateness for this program. I agree to supply **Friends of Children/AAMP** with a copy of my driving record from the RMV and with proof of Massachusetts auto insurance. I further agree for **Friends of Children/AAMP** to request a criminal background check and review of DSS Central Registry. I understand that **Friends of Children/AAMP** will review references and will investigate any and all facts concerning my qualifications for becoming a volunteer. I certify that all of the information provided by me in this application is complete, true and accurate. I acknowledge that intentional falsification of information will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

I understand the best interests of the youth must be the first consideration. Further, I understand (1) I am not obligated, if called upon, to perform the volunteer services applied for, and (2) the agency is not obligated to assign, or to actively seek to assign me to a volunteer position.

I understand that the statements I make to the staff of the agency will be held confidential within the agency, unless disclosure is required by the law. Specifically, I understand that incidents of child abuse or molestation, past or present, or threat of harm to oneself or others are issues that must be reported to the proper authorities.

I understand that certain information about me will be discussed with the legal custodian/guardian of the child with whom I am matched. In addition, I understand that if there is information about me that I do not want repeated, I must discuss this with the **Friends of Children/AAMP** staff.

I agree to keep information discussed with me regarding a potential match confidential. I will not discuss this information with any person other than the assigned professional staff of **Friends of Children/AAMP**.

I understand that my application will not be considered unless it is complete and signed, and until the required supplemental information is submitted and completed.

I agree to notify **Friends of Children/AAMP** immediately of any changes in the information provided in the application process including, but not limited to the following: legal status, driving record, job change, address change, telephone, name change, or marital status. I also agree to maintain automobile insurance during my tenure with **Friends of Children/AAMP**.

This application and any additional information gathered will remain the property of Friends of Children/AAMP.

Signature: _____ Date: _____

Printed Name of Applicant: _____

Optional: I authorize **Friends of Children/AAMP** to use and release any general information and/or photographs acquired by the agency in the context of my association with them for publicity or promotional purposes.

Signature: _____ Date: _____