



BESTFRIENDS
MENTORING PROGRAM

SINCE 1995

135 W. Villard St.
PO Box 542
Dickinson, ND 58602-0542
701-483-8615, 877-877-8685
Fax: 701-483-8616
mark@bestfriendsnd.org
www.bestfriendsnd.org

MENTOR APPLICATION FORM

Name: _____ Date: _____
Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ E-Mail Address: _____

Date of Birth _____ Sex: M _____ F _____

In case of emergency, whom may we contact?

Name: _____ Relationship: _____ Phone #: _____

MENTORING INFORMATION

Which mentoring program(s) are you interested in:

School -Mentoring a child at his or her school during the school/work day.

Community -Mentoring a child in the community setting outside of school/work time.

Age preference: _____ What times/days can you meet with your mentee? _____

EMPLOYMENT

Are you presently employed? Yes: _____ No: _____ Occupation: _____

Employer: _____ Address: _____

Business phone: _____ May we contact you at work? Yes: _____ No: _____

Length of employment there: _____ Work hours and days: _____

Previous work experience: (List employment history or attach a resume): _____

VOLUNTEER EXPERIENCE (List employment history or attach a resume):

Place	Type of Work	Dates	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experience with children 6 to 16 years _____

EDUCATION

Level completed: _____ Major subject area(s): _____

Are you currently a student? Yes: _____ No: _____ Full time: _____ Part time: _____

Name of school currently attending: _____

SPECIAL SKILLS AND TRAINING

For example: Public speaking, laws, cars, auto mechanics, writing, recreation, hobbies, crafts, sports/extreme sports, special events, special education areas, etc.:

COMMUNITY INVOLVEMENT

Organizations you belong to and leadership roles:

REFERENCE INFORMATION

Please list five people (not related to you) who we may contact as references:

	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY & STATE</u>	<u>PHONE #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I understand that my name will be added to the mailing list of volunteers making a difference in our community. The list is maintained at Western Wellness Foundation and the Best Friends Mentoring Program and not sold or released.

APPLICANT'S SIGNATURE _____

DATE _____

How did you hear about mentoring opportunities through the Best Friends Mentoring Program?

(please check all that apply to you)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Guest speaker at work/school |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Friend/Co-worker | <input type="checkbox"/> Counselor/Social Worker, etc. |
| <input type="checkbox"/> RSVP | <input type="checkbox"/> School referral (DPS, DCS, DSU) | |

Other (please specify) _____

RELEASE OF INFORMATION AUTHORIZATION

Please Print Neatly

NAME: _____	
Date of Birth: _____	Social Security Number: _____
DRIVER'S LICENSE: ISSUING STATE _____ # _____	
CURRENT ADDRESS (include city, state & zip): _____ _____	

Residences the past 7 years (zip code or city & state): _____

Former names, aliases, maiden name(s), etc.: _____

I have been convicted of a crime: ____ yes ____ no

If Yes, provide offense(s), date(s) and location(s): _____

Western Wellness Foundation, Inc. is hereby authorized to conduct background investigations, including law enforcement and protective services investigations, concerning myself and relating to the Best Friends Mentoring Program and any of its programs, events or activities.

I attest that the statements answered on this application are full and true to the best of my knowledge. Because I understand it will be necessary for Western Wellness Foundation, Inc. to investigate my background and to check my character references, I give my consent for this information exchange and authorize such agencies (including, but not limited to County Social Service offices, Law Enforcement agencies and any person associated with these agencies) to release any information requested by Western Wellness Foundation, Inc. and/or the Best Friends Mentoring Program. Further, I have completed and signed the attached *Disclosure and Authorization for Consumer Reports*.

I understand that copies of consumer reports and investigative consumer reports as well as information revealed in the background investigations or reference interviews may be released to local schools or other entities with which the Program has a relationship. *I hereby release from liability and hold harmless all persons and corporations supplying this information to Western Wellness Foundation, Inc. and its agents. A photocopy or facsimile (fax) of this authorization is as effective as the original.*

Signature of Applicant

Date

Return to: **Western Wellness Foundation, Inc. & Best Friends Mentoring Program**
135 W. Villard St. or PO Box 542
Dickinson, ND 58602-0542
(701) 483-8615 fax (701) 483-8616
1-877-877-8685 (toll free)
email: mark@bestfriendsnd.org www.bestfriendsnd.org

NOTICE – BACKGROUND INVESTIGATION

In connection with your employment/licensure (including contract or volunteer services) or application to rent a dwelling with Western Wellness Foundation/Best Friends Mentoring Program (the "Company"), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal 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, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and AmericanChecked, 4870 South Lewis Ave., Suite 120, Tulsa, OK. 74105; Phone: 1- 800-975 9876, For information about AmericanChecked privacy practices, see <http://americanchecked.com/privacy-policy>. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion 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 the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: _____ Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Last Four Digits of SSN: _____