



# THE CENTER FOR MASTERING AND REFINING CHILDREN'S UNIQUE SKILLS

(The Center for MARCUS)

802 East State Street, 1<sup>st</sup> Floor Suite | Trenton, NJ 08609

Office: (609) 599 – 1494 Fax: (609) 599 – 1502 E-Mail: [contact@centerformarcus.org](mailto:contact@centerformarcus.org)

## MENTOR APPLICATION

### Personal Information:

Name \_\_\_\_\_ Gender  Male  Female  
First Middle Last

Address \_\_\_\_\_  
Street City State ZIP

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Name/address of employer \_\_\_\_\_

Work phone \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_

### Volunteer Information:

1. Indicate your grade preference:  Elementary  Jr. High/Middle School  High School

2. What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program?

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3. Write a brief statement on why you have chosen to participate in the mentor program.

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4. Initial the two statements below:

\_\_\_\_\_ I understand that the mentor program involves spending a minimum of one hour every week for the academic year at a school with an assigned student.

\_\_\_\_\_ I understand that I will be required to complete the mentor program orientation and at least two training sessions during the year.

5.  Yes  No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

6.  Yes  No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #5?

7. If the answer is YES to questions 5 or 6, please explain below:

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8. Are you currently using any illegal drugs or controlled substances? \_\_\_\_\_



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9. Do you drink alcoholic beverages? If so, what and how often? \_\_\_\_\_

10. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If so, when and what were the circumstances? \_\_\_\_\_

\_\_\_\_\_

11. Do you use tobacco products? If so, what and how often? \_\_\_\_\_

\_\_\_\_\_

12. Have you ever received treatment for alcoholic substance abuse? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

13. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

14. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

15. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

16. Educational Background (mark one):

Some high school

High school graduate

Some college

Other (please specify) \_\_\_\_\_

Graduate/professional school

Technical school

College graduate

17. Why do you want to become a mentor? \_\_\_\_\_

18. What days of the week are you available to volunteer? (check all that apply):

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

19. What is the best time for you to volunteer? (check all that apply):

Mornings  Afternoons  Evenings  Weekends



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20. Please list four references (please include at least one family member, one personal friend and one work reference):

Name _____	Name _____
Address _____	Address _____
City _____ State/ZIP _____	City _____ State/ZIP _____
Phone number _____	Phone number _____
Relationship _____	Relationship _____
Name _____	Name _____
Address _____	Address _____
City _____ State/ZIP _____	City _____ State/ZIP _____
Phone number _____	Phone number _____
Relationship _____	Relationship _____

In making this application to be a volunteer, I understand that the Center for MARCUS requires a criminal background check and driving record check of all volunteers for the position of mentor for which I am applying. This check may be done on me if I sign below. If I fail to sign, it may be grounds for rejecting me as a mentor.

All background checks are conducted by **CertifiedBackground**, at a cost of \$33.50, which will be reimbursed within 60 days of final application determination.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Social Security number (needed for criminal record checks):    -   -

Birth date (needed for record checks):   /   /

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### Additional Information:

1. Do you prefer working with a  Girl  Boy  No Preference
2. Do you prefer working with a quiet, reserved child?  Yes  No  No Preference
3. Do you prefer working with an outgoing child?  Yes  No  No Preference
4. Do you prefer working with a student from a specific racial/ethnic group?  Yes  No  No Preference
5. If yes, please specify: \_\_\_\_\_
6. Do you speak a foreign language? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_
7. Please list any hobbies or interests you may have: \_\_\_\_\_  
\_\_\_\_\_
8. What would you like to do with a mentee? \_\_\_\_\_
9. What clubs or groups, if any, do you belong to? \_\_\_\_\_  
\_\_\_\_\_
10. My favorite subject in school was \_\_\_\_\_
11. My least favorite subject in school was \_\_\_\_\_
12. Please put an X by the activities you enjoy the most:



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- \_\_\_ Playing sports such as \_\_\_\_\_
- \_\_\_ Watching sports such as \_\_\_\_\_
- \_\_\_ Writing
- \_\_\_ Reading
- \_\_\_ Listening to music such as \_\_\_\_\_
- \_\_\_ Photography
- \_\_\_ Attending plays
- \_\_\_ Going to the movies
- \_\_\_ Arts and crafts
- \_\_\_ Visiting zoos and parks
- \_\_\_ Visiting museums
- \_\_\_ Using computers
- \_\_\_ Playing games
- \_\_\_ Cooking
- \_\_\_ Exploring possible careers
- \_\_\_ Hiking and seeing nature
- \_\_\_ Other \_\_\_\_\_



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13. What qualities would you like in a mentee? \_\_\_\_\_
14. What individual has served as a role model for you? Why? \_\_\_\_\_  
\_\_\_\_\_
15. If you could recommend one book for your mentee to read, what would it be? \_\_\_\_\_