

# Application - Lyme-Old Lyme Mentor Program

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Name of Applicant \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Preferred Day to mentor (Mon – Fri) Choice #1 \_\_\_\_\_ Choice #2 \_\_\_\_\_

Best Time of Day to mentor (check all that apply):  lunchtime  afternoon

Describe why you are interested in becoming a mentor:

Describe special interests/ hobbies, which may be helpful in matching you with mentee (e.g. cooking, crafts, career interests, chess, stamp collecting, sports such as baseball or football, computers, art, needlepoint, speak another language, music, painting):

I prefer to work with a student in  elementary school (grades 3-5)  middle school (grades 6-8)  no preference

State the addresses where you have lived for the last five years (begin with the current address):

DATES \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

DATES \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

DATES \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

# Mentor Personal/Employment History and Release Statement

**PERSONAL REFERENCES: Please provide two personal references (other than family members):**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**EMPLOYMENT HISTORY:**

List the last three places of employment with the most recent first:

Company \_\_\_\_\_ Location \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Location \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Location \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_

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## Mentor Release Statement

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the Lyme-Old Lyme Mentoring Program. I understand that the program involves spending a minimum of one hour/week with a mentee. Further, I understand that I will attend a training session, keep in regular contact with my mentee and communicate with staff regularly during this period. I am willing to commit to one year in the program and then will be asked to renew for another year.

I have not been convicted, within the past ten years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment.

Further, I hereby fully release, discharge and hold harmless the Lyme-Old Lyme Mentoring Program, Lyme Old Lyme Schools, Lymes' Youth Service Bureau, and participating organizations and all of the foregoing employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the Lyme-Old Lyme Mentoring Program.

I understand that the Lyme-Old Lyme Mentoring Program staff reserves the right to terminate a mentor from the program. The program takes place within the confines of the program's policies and does not permit relationships established between mentor/mentee and family members beyond the organized and supervised activities of the program. I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a federal criminal background check. Program staff has final right of acceptance of applicant into the program and reserves the right to terminate a mentor from the program at any time. I have read this Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Please return completed application to:** Noah Ventola, Lyme-Old Lyme Middle School, 53 Lyme Street, Old Lyme, CT 06371  
phone: 860-434-2568 x2003 fax: 860-434-0717 email: ventolan@region18.org

**Questions?** Contact Noah Ventola at LOLMS 860-434-2568 x2003 or Mary Seidner at LYSB 860-434-7208 mseidner@lysb.org

# Mentor Reference

Date: \_\_\_\_\_

Name of Prospective Mentor: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

In what capacity do you know the prospective mentor?: \_\_\_\_\_

How long have you known prospective mentor? \_\_\_\_\_

Do you think the applicant would make a good mentor for a child in our program and why?

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Rate: (check one)	Excellent	Good	Fair	Poor
Reliability	___	___	___	___
Consistency	___	___	___	___
Judgment	___	___	___	___
Work Ethic	___	___	___	___
Caring	___	___	___	___
Patience	___	___	___	___
Commitment	___	___	___	___
Sense of Humor	___	___	___	___
Likes young people	___	___	___	___

Would you trust this prospective mentor with your own child? \_\_\_\_\_

Is there anything more that you feel that we should know about the prospective mentor?

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