

R.O.C.K. MENTOR APPLICATION

This application is to be completed by all applicants for any position involving the supervision or custody of minors. This is not an application for employment. It is being used to help Reach Our Community Kids provide a safe and secure environment for the youth who participate in our programs, ministries, and use our facilities. With that in mind, this application contains some questions that are private and very personal in nature. Please be assured that sensitive information will be kept confidential.

Name: (Last, First) _____

Address: (Street, Apt.#) _____

(City, Zip Code) _____

Home Telephone Number: _____ **Cell Phone Number:** _____

Drivers License #: _____ **Birth date:** _____

E-mail address: _____

BACKGROUND :

CURRENT/ LAST EMPLOYER: _____

Date Started: _____ **Position:** _____

Duties: _____

FORMER EMPLOYER: _____

Date Started: _____ **Position:** _____

Duties: _____

FORMER EMPLOYER: _____

Date Started: _____ **Position:** _____

Duties: _____

PERSONAL INFORMATION

The questions on this page are not designed to offend or to pass judgment, but rather create an environment where a person's past will not hinder the mentor from carrying out their mission in a safe, fun, and productive way for both youth and mentor. An affirmative answer does not necessarily preclude you from serving at the ROCK.

Have you ever been arrested, convicted or pleaded guilty to a crime? If yes, explain

Have you ever been accused, charged, alleged to have, or have you ever committed any act of neglecting, abusing, molesting, or battering any child or adult? If, yes, explain

Do you have a psychiatric disorder? (bi-polar, schizophrenia, etc.) Yes___ No___

Has there been any abuse in your family background involving drugs or alcohol or that was emotional, physical, or sexual in nature? Yes ___ No ___

Do you have any addictions to drugs, pornography, or any other addiction? Yes ___ No ___

If so, explain what steps you have taken to minimize the impact that those issues create for you:

Is there any other circumstance or pattern in your life, which would make it inappropriate for you to serve with minors or would compromise the integrity of The ROCK? Yes___ No___

Describe previous volunteer experience or work with youth:

Education: List high school, college, and any other degrees or certification:

TWO PERSONAL REFERENCES:

Name: *(Last, First)* _____
Relationship to you _____ Phone # _____

Name: *(Last, First)* _____
Relationship to you _____ Phone # _____

CHURCH AFFILIATION: (if any)

Pastor's Name _____ Phone # _____

Describe your faith journey/Why do you want to volunteer at the ROCK?

What skills can you contribute to the ROCK? (photography, computers, drama, tutoring)

I verify that the above statements are true and correct. I authorize any references, churches, or employers listed on this application to give any information (including opinions) that they may have regarding my character and fitness for youth work. I release all such references from any liability for furnishing such evaluations of you, providing they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

Signature: _____ **Date:** _____