



3097 Kalihi Street, Honolulu, HI 96819  
Mentoring Children of Prisoners Program  
Mentor Application

Last Name		First Name		Middle	
Address:		City:		Zip Code:	
Home Ph:		Cell #		E-mail	
Gender:		Date of Birth:		SSN:	
1) Employer:			Supervisor Name:		
Address: (include City and Zip)					
Work Phone:			Occupation:		
How Long Employed?			OK to contact at work? Y N		
2) Employer:			Supervisor Name:		
Address: (include City and Zip)					
Work Phone:			Occupation:		
How Long Employed?			OK to contact at work? Y N		
3) Employer:			Supervisor Name:		
Address: (include City and Zip)					
Work Phone:			Occupation:		
How Long Employed?			OK to contact at work? Y N		
Emergency Contact:		Relationship:		Phone:	
Health or physical limitations or special needs of which we should be aware? (Including allergies, medicinal needs, etc.) Please explain:					
Driver's License #:		State of Issue:	Exp. Date:	TB Test Expiration Date (must be current within 2 years):	
Car Insurance Provider:			Exp. Date:		

How did you hear about KOKA's Mentor Program?
Why did you choose KOKA's Mentor Program for your volunteer opportunity?
Are you volunteering to fulfill an obligation?      Y      N For school/Job/Court/Other (Please circle and explain)



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NAME:		
How many hours do you need to perform? _____ Please attach a letter from your supervisor describing the requirements you need to fulfill with this opportunity.		
What do you hope to gain from this experience?		
Are you a student?      Y      N	School:	Field of Study:
Special skills, talents you can share with us:		
Languages spoken other than English:		
Organizations for whom you have done prior volunteer work: (include a short description of your duties)		
Other youth organizations for whom you have worked or volunteered:		
Educational Background (Degrees earned, certifications, specialized trainings, etc.)		

Work or Volunteer Experience References (current or past employer who has known you at least one year, co-worker or friend who has known you at least two years):

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

**I guarantee that the above information is complete and correct to the best of my knowledge.  
I understand the program requirements and consent to a fingerprinting background check, including driving records check, criminal history, and other records where required by local, state, or federal law for volunteers working with youth.  
I agree to have the references I have listed contacted by mail, telephone, or e-mail.  
I agree to abide by program rules, regulations and expectations. A copy of the contract has been provided to me this date.  
I understand that KOKA is a drug, alcohol, and smoke free agency and that non-compliance will be cause for immediate dismissal.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Please attach copies of your social security card, driver's license, Car Registration & Car Insurance Card, and TB Test card.**