



Mentoring Children of Incarcerated Parents Program
Mentor Application

Last Name	First Name	Middle	
Address: (include City and Zip)			
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:	

**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 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 and regulations. A copy 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.



Mentoring Children of Incarcerated Parents Program
Mentor Application

Name:		
Have You Ever Been Convicted of a Criminal Offense? Yes _____ No _____ If Yes, Please Give Full Details, Including Date(s) and Location(s):		
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)		
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 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: _____