

Date Received: \_\_\_\_\_  
 Interviewed By: \_\_\_\_\_



PROSPECTIVE MENTOR APPLICATION FORM

# Breaking the Chain Foundation

Bellevue Resource Center ♦ 4415 South Capitol Street, S.W. ♦ Washington, DC 20032  
 Telephone: 202-373-1822/1823 ♦ Fax: 202-373-1170

Please print the application neatly and return it to the address listed above. Processing of application materials may take up to four weeks and you will be notified in writing about the status of your application. If you have any questions or concerns regarding this process please contact our office.

Name:		Gender: M / F	
Date of Birth:     /     /		Social Security #:     -     -	
Address:			
		Driver's License #:	
Phone Number:		E-mail:	
Work Number:		Fax Number:	
<b>Educational Background</b>			
<u>Institution</u>	<u>Dates</u>	<u>Major</u>	<u>Degree</u>
<b>Employment History</b>			
<u>Employer #1</u>	<u>Dates</u>	<u>Position</u>	
Address:			
Phone Number:		Fax Number:	
Supervisor:		May we contact him/her? Y / N	
<u>Employer #2</u>	<u>Dates</u>	<u>Position</u>	
Address:			
Phone Number:		Fax Number:	
Supervisor:		May we contact him/her? Y / N	

<u>Employer #3</u>	<u>Dates</u>	<u>Position</u>
Address:		
Phone Number:	Fax Number:	
Supervisor:	May we contact him/her? Y / N	
<b>Criminal Background</b>		
Have you ever been convicted of a felony? Y / N If yes, please explain the circumstances.		
<b>Personal Background</b>		
Have you ever been subject to a background check? Y / N If yes, please explain the results, particularly, any background or personnel check related to working with children or youth.		
<b>Religious Background</b>		
Place of Worship:	Phone Number:	
Address:		
Worship Leader:	May we contact him/her? Y / N	
Auxiliary/Department:		
Please provide the contact information for three non-family references.		
<u>Name</u>	<u>Phone Number</u>	<u>Relationship</u>
Please list your current volunteer activities, hobbies and interests.		
Please list any awards or recognitions you have received, as well as any organizational affiliations you may currently have.		
Can you speak any other languages? If yes, please list them.		
What motivated you to become a mentor and what do you hope to gain from this experience?		

**Please read this carefully before signing:**

Breaking the Chain Foundation appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to undergo federal and state criminal background check.

I have read and understood the program's requirements and responsibilities for becoming a mentor. If selected, I will follow these guidelines and be a dedicated mentor. I agree to the time commitment of at least one hour per week for at least twelve months.

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*(signature)*

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*(date)*