



One Step At A Time (OSAT) Mentor Application

Application Date: _____

Personal Information: (Please Print Clearly)

First Name: _____ Last Name: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Gender: _____ E-Mail: _____
Phone: **Primary:** (____) _____ Home Cell Work **Secondary:**(____) _____ Home Cell Work
Are you a full time Tucson resident ? Yes No (If No, please specify dates of residency in Tucson.) From: _____ To: _____
Emergency Contact Name: _____ Phone: (____) _____ Relation: _____

Employment Experience: (If necessary, please use the back of this page for additional details)

Current : _____ Supervisor: _____ Phone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Describe your duties: _____

Work Schedule: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Please briefly describe industries in which you have been employed and list any special training or skills which you can bring as a mentor:

Military Service: Are you a Veteran? Yes No (If yes)

Dates of service: _____ Branch: _____ Rank at time of discharge: _____

Describe your duties:

What days and times are you available for volunteer service?

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Mentoring Experience:

Why are you interested in this Mentoring program?

Do you have previous Volunteer and/or Mentoring experience? Yes No (If yes, please describe):

Interests and Activities:

Answering the following questions will assist the OSAT staff in making the best possible mentor/mentee match. Tell us as much as you can about the topics that interest you. If you are not interested in some of the topics, you may give a minimal response or leave it blank.

What movies/television programs do you enjoy?

What music/musician do you listen to? _____

Which sports/teams do you watch? _____

Who are your favorite athletes? _____

What type of books do you read? _____

Who are your favorite authors? _____

What outdoor activities or sports do you enjoy? _____

What hobbies do you have? _____

What are your favorite foods? _____

What do you enjoy doing with other people? _____

Describe your perfect Saturday: _____

Describe your ideal vacation: _____

Who do you admire most and why? _____

What other interests do you have? _____

Mentoring In Prison:

Would you be comfortable visiting a Mentee/Inmate in prison? Yes No (If yes, please answer the following):

- Are you willing to undergo a background check by the Arizona Department of Corrections? Yes No
- Are you currently on any inmates visitation list with the Arizona Department of Corrections? Yes No

(If yes, please list the person's name and their relationship with you) _____

- Drivers License: Yes No

Religious Affiliation:

What is your religious affiliation:

Would you be comfortable mentoring a person of a different faith?

Yes No If no, please list faith preferences:

Race/Ethnicity:

What is your Race/Ethnicity:

Would you be comfortable mentoring a person of a different Race/Ethnicity?

Yes No If no, please list your preference:

Language:

Are you fluent in languages other than English?

If so which ones:

Speak Write

Spanish

Have you ever been convicted of a crime or are you currently on probation or parole?

(A "yes" answer will not necessarily affect your opportunity to become a Mentor)

Yes No (If yes:) Committing Offense: _____

Date of Conviction: _____ Date of Release: _____

If still on Parole or Probation please provide the name and phone number of your Parole or Probation Officer.

Name: _____ Phone: (_____) _____

When will your supervision end? _____

Alcohol and/or Substance Treatment and Recovery:

Are you now or have you ever received treatment for alcohol and/or substance abuse? Yes No

If yes, please indicate where, when and program type:

Are you now in or have you ever participated in recovery support programs such as (AA, NA, SMART, SOBER, etc.)

If yes, please describe the programs you participated in and the frequency of meetings: Yes No

References: A range of *professional* references from professors, supervisors, mentors.

Name: _____ Years acquainted: _____ Phone: (_____) _____

Relationship: _____ Email: _____ City/State: _____

Name: _____ Years acquainted: _____ Phone: (_____) _____

Relationship: _____ Email: _____ City/State: _____

Name: _____ Years acquainted: _____ Phone: (_____) _____

Relationship: _____ Email: _____ City/State: _____

Please attach a copy of BOTH sides of:

1: Drivers License

2: Auto Insurance Card

Please read, initial, sign and date these terms and conditions:

_____ I understand that, if accepted as a Student Volunteer, I may be asked to take a drug test. OPCS will pay for testing.

_____ I commit to read the handbook.

_____ I understand that failure to follow volunteer guidelines may result in suspension and/or termination.

_____ I understand that references will be verified.

_____ (optional) I agree to allow Old Pueblo Community Services to use any photographic image of me taken while participating in the volunteer program. These images may be used in promotions or other related marketing materials.

By signing below, I attest to the truthfulness of all information I provided in this application and agree to all the above terms and conditions.

Signature

Date

Printed Name

Please return application to:

OPCS Volunteer Coordinator
4501 E 5th Street
Tucson, Arizona 85711
Phone: 520-445-7065 Fax: 520-777-4512
E-Mail: OSAT@helptucson.org

Application checklist:

___ Application (complete all fields and sign)
___ Attach photocopy of Drivers License
and Insurance Card

Please tell us how you learned about Old Pueblo Community Services: