

# South Carolina Department of Probation, Parole and Pardon Services

## Prospective Mentor Application

Prospective Mentor Name (print):	
Mailing Address:	
Home Telephone Number:	Work Telephone Number:
Email Address	
Date of Birth:	Social Security Number:
Race (check one): White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>	Gender (check one): Male <input type="checkbox"/> Female <input type="checkbox"/>
Do you have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> Please list:	
Will you need reasonable accommodation for any physical condition to enable your participation in the mentoring program? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:	
Do you possess a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	
State of Issue:	Driver's License Number:
Do you currently have transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vehicle License Number:	
If you do not have a vehicle, do you have access to transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**In case of emergency, who may we contact?**

Name:

Address:

Home Telephone Number:

Work / Other Telephone Number:

Have you ever worked directly with an inmate or offender before?      Yes       No

Please describe your employment history including any special knowledge and skill areas:

Have you ever been a victim of a crime?      Yes       No

If so, please describe briefly:

Have you ever been convicted of a crime other than a minor traffic violation?      Yes       No

If so, please describe:

Please list your current volunteer commitments:

Please list your interests, hobbies and activities you enjoy:

I understand that as a Mentor I am required to meet with my Mentee, at a minimum, once per month.

Yes  No

I understand that as a Mentor I must submit via mail or email a brief monthly report that summarizes monthly mentoring activities between myself and my Mentee.

Yes  No

I understand that I must attend orientation training prior to serving as a mentor.

Yes  No

Please list any comments that you may have about potentially becoming a mentor in this program:

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**List two personal references other than family members (Please print.)**

1. Name of person to provide reference:

2. Name of person to provide reference:

I certify by my signature below that all information provided on this application is complete and accurate, to the best of my knowledge.

Prospective Mentor Signature:	Date:
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