

# South Carolina Department of Probation, Parole and Pardon Services

## Prospective Mentor Application

Prospective Mentor Name ( <i>print</i> ):	
Mailing Address:	
Home Telephone Number:	Work Telephone Number:
Email Address	
Date of Birth:	Social Security Number:
Race ( <i>check one</i> ): White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>	Gender ( <i>check one</i> ): 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"/>	
<b>In case of emergency, who may we contact?</b>	
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:

**Two personal references (other than family members) must accompany this application on a standard Prospective Mentor Reference (Form# )**

**(List names of persons to provide references below - 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: