



TODAY'S DATE \_\_\_\_\_

**MENTOR/SUPERHERO APPLICATION**

|   |  |  |                  |               |   |           |                      |                    |  |
|---|--|--|------------------|---------------|---|-----------|----------------------|--------------------|--|
| First Name:   |  | Last Name:   |                  | M.I.          | D.O.B. (M/D/Y):   |           | Age                  | Social Security #: |  |
| Home Address:   |  |  |                  | City:         |   | County:   |                      | Zip:               |  |
| Email:  |  | Home Phone #:  |                  | Cell Phone #: |   |           | Fax #:               |                    |  |
| How did you hear about H.E.R.O. for Children?   |  |  |                  |               |   |           |                      |                    |  |
| Gender:   |  | Ethnicity:   |                  |               |   |           |                      |                    |  |
| <input type="checkbox"/> Male   |  | <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American |                  |               |   |           |                      |                    |  |
| <input type="checkbox"/> Female   |  | <input type="checkbox"/> Asian/Pacific Islander/Indian Sub-Continent <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____                            |                  |               |   |           |                      |                    |  |
| Highest Level of Education Completed:   |  |  |                  |               |   |           |                      |                    |  |
| <input type="checkbox"/> HS <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Doctorate |  |  |                  |               |   |           |                      |                    |  |
| HIV/AIDS Status:  |  |  |                  |               |   |           |                      |                    |  |
| <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Prefer Not to Answer            If Positive, comfortable sharing with youth? <input type="checkbox"/> Yes <input type="checkbox"/> No                          |  |  |                  |               |   |           |                      |                    |  |
| Employer:   |  |  |                  | Position:     |   |           | Length of Employment |                    |  |
| Address:  |  |  |                  | City:         |   |           | Zip:                 |                    |  |
| Can We Contact You At Work?   |  |  | Work Phone:      |               |   | Work Fax: |                      |                    |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |                  |               |   |           |                      |                    |  |
| What is your mode of transportation?  |  |  |                  |               |   |           |                      |                    |  |
| Driver's License Number:  |  |  | Expiration Date: |               |   |           | State Issued:        |                    |  |
| If full time student, please indicate name of school:   |  |  |                  |               | Do you speak any other language other than English?             |           |                      |                    |  |
|   |  |  |                  |               | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |           |                      |                    |  |
| Have you been a mentor before? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, when?    With what organization?   |  |  |                  |               |   |           |                      |                    |  |
| What are the strengths and abilities you can bring to the program? (Ex. Math skills, computer skills, music talents, etc.)  |  |  |                  |               |   |           |                      |                    |  |
| Have you ever been arrested, charged or convicted of a crime?   |  |  |                  |               |   |           |                      |                    |  |
| <input type="checkbox"/> No <input type="checkbox"/> Yes            If yes, we will have you discuss during the interview   |  |  |                  |               |   |           |                      |                    |  |

|  |
|--|
| Have you had any driving citations and/or moving violations in the past 5 years?<br><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, we will have you discuss during the interview   |
| Have you had any physical or mental health problems within the past three years?<br><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, we will have you discuss during the interview   |
| How long have you lived at your present address?   |
| Do you anticipate any significant life changes over the next year or have you had any in the recent past year?<br><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, we will have you discuss during the interview   |
| Do you have any guns or ammunition in your home? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, we will have you discuss during the interview  |
| Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home (including television channels and internet access)? <input type="checkbox"/> No <input type="checkbox"/> Yes If not, we will discuss during the interview                                      |
| Do you have any pets? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, we will discuss safety precautions as necessary around youth  |
| What category of activities do you enjoy the most? <input type="checkbox"/> Sports <input type="checkbox"/> Physical activities <input type="checkbox"/> Outdoor activities <input type="checkbox"/> Indoor activities   |
| What activities don't you like?  |
| Would you describe yourself as a person who enjoys: <input type="checkbox"/> Watching events or activities <input type="checkbox"/> Participating in activities <input type="checkbox"/> Both  |
| Mark those that apply to you:<br><input type="checkbox"/> Extrovert <input type="checkbox"/> Introvert <input type="checkbox"/> Assertive <input type="checkbox"/> Passive <input type="checkbox"/> Leader <input type="checkbox"/> Follower <input type="checkbox"/> Patient <input type="checkbox"/> Impatient |
| Please indicate your match preferences with a child:<br><input type="checkbox"/> 6-8 yrs. Old <input type="checkbox"/> 9-11 yrs. Old <input type="checkbox"/> 12-15 Old  |
| Would you be willing to be matched with a child coming from a home with a history of substance abuse?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, Explain _____  |
| Would you be willing to be matched with a child who had been physically, emotionally, or sexually abused?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, Explain _____  |
| Would you be willing to be matched with a child with ADD/ADHD (Hyperactive)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, Explain _____   |
| Would you be willing to be matched with a child with a physical problem/disability?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, Explain _____  |
| Would you be willing to be matched with a child with a learning disability?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, Explain _____  |
| Would you be willing to be matched with a child whose parent is gay/lesbian?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, Explain _____   |
| Do you have any preferences around race, or religion?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, Explain _____  |
| Are there any other issues that you feel are important for us to consider in matching you, for example, interests or personality trait factors?  |

**INFORMATION ON REFERENCES**

Please list **four** references, including: **one blood relative** (mother, father, sister, brother, child), **two friends** that you have known for a minimum of two years and **a present or past employer**.

- If there are no surviving blood relatives, provide the next immediate relative (grandmother, aunt, uncle, first cousin).
- Friends that you have known for at least two years may live out of state.
- If an employer is not available because you are self-employed, you may substitute for your spouse or a fellow student. If neither is an option, then an additional friend whom you have known for at least two years is required.

|  |                  |                       |          |
|--|------------------|-----------------------|----------|
| 1. <b>Name of Relative:</b>  |                  | Relationship:         |          |
| Mailing Address  | City             | State                 | ZIP Code |
| Day Phone #:   | Evening Phone #: | Email:                |          |
| 2. <b>Name of Friend</b> (must have known you for at least 2 years): |                  | Relationship:         |          |
| Mailing Address  | City             | State                 | ZIP Code |
| Day Phone #:   | Evening Phone #: | Email:                |          |
| 3. <b>Name of Friend</b> (must have known you for at least 2 years): |                  | Relationship:         |          |
| Mailing Address  | City             | State                 | ZIP Code |
| Day Phone #:   | Evening Phone #: | Email:                |          |
| 4. <b>Name of Employer:</b>  |                  | Period of Employment: |          |
| Mailing Address  | City             | State                 | ZIP Code |
| Day Phone #:   | Evening Phone #: | Email:                |          |

**Statement of Understanding**

- 1) The references listed in this application may be contacted by mail, telephone, or email.
- 2) The information provided in this application may be used to conduct a background check, to include driving records check, criminal background check, and other records required by local, state, or federal law for volunteers working with youth.
- 3) By filling this application, H.E.R.O. for Children is in no way obligated to match you with a youth.
- 4) As part of our enrollment process, H.E.R.O. may ask you to provide additional personal information prior to making any recommendations for matching.
- 5) By signing this application, you commit to being in contact with the H.E.R.O. for Children office *at least* once a month after being matched with a child.

This application can be sent to H.E.R.O. for Children, Inc. via e-mail ([volunteer@heroforchildren.org](mailto:volunteer@heroforchildren.org)), via fax (470-321-3106) or by mail to 580 W. Crossville Road, Suite 204, Roswell, GA 30075. **Please attach the signed program policies overview, a copy of your driver's license and automobile insurance card to the application.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                         |
|-------------------------|
| <b>Office Use Only:</b> |
| Date received: _____    |
| Referral Source: _____  |



## BACKGROUND SCREENING AUTHORIZATION RELEASE

In connection with my application for volunteering (where I will either be: 1- in direct contact with H.E.R.O. children, or 2- providing administrative services in the H.E.R.O. offices, where I may have access to confidential information regarding H.E.R.O. clientele), I understand that background inquiries may be requested by you or on your behalf that will seek information as to my character, including oral assessments of my experiences and abilities. Further, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, and civil matters.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This authorization is valid for any consumer report requested at any time during the tenure of my volunteer employment. This release is valid for all federal, state, county and local agencies and authorities. I understand that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of information concerning the nature and scope of the investigation.

Print name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Current Address \_\_\_\_\_

List Previous Addresses for the Past 5 Years:

| Address | City, State and ZIP |
|---------|---------------------|
| _____   | _____               |
| _____   | _____               |
| _____   | _____               |

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_