



MENTOR APPLICATION

Name _____

Address _____

Phone _____

Email _____

How did you hear about the Northview Mentor Program?

Why would you like to volunteer as a mentor?

Please list any previous experience with mentoring (if this is your first time, that is fine too!)

Have you ever been convicted of, pled guilty or no contest to a crime other than a minor traffic violation? If yes, please explain.

Please list three references we could contact:

Name _____

Phone _____

Email _____

Name _____

Phone _____

Email _____

Name _____

Phone _____

Email _____

By submitting this application, I consent to a criminal history check (national and/or state level). My signature on this form authorizes you to make such checks and to disclose the results to both Northview Mentor Program and Northview Public School personnel as part of the mentoring program. I grant Northview Mentor Program permission to share my name, contact information, and status as a mentor as necessary and appropriate for the continuity of the mentoring program.

Signature _____

Date _____