



**Child Safe Michigan’s Community Mentoring Program** works with youth in foster care ages 7-23 and requires a 1 year commitment from mentors with the mentors meeting with their mentee 2-4 times per month in the community. **Child Safe Michigan’s High School Mentoring Program** runs at an Alternative High School in Hazel Park for 26 weeks each school year beginning in September and ending in April. **Child Safe Michigan’s Middle School Mentoring Program** runs at an Alternative Middle School in Hazel Park for 16 weeks each school year beginning in January and ending in April. **Child Safe Michigan’s Elementary School Mentoring Program** runs at two Elementary Schools, one in Clinton Twp and one in Madison Heights, beginning in January of each school year and ending in April running for a total of 14 weeks.

\_\_\_\_\_  
 First Name Middle Last

\_\_\_\_\_  
 Home Street Address City State Zip Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Phone Work Phone Cell Phone

\_\_\_\_\_  
 Home Email Address Work Email Address

\_\_\_\_\_  
 Employer Job Title Years with company

\_\_\_\_\_  
 Work Street Address City State Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male \_\_\_ Other

Religious Affiliation (if any): \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Please list any languages you speak besides English: \_\_\_\_\_

\_\_\_\_\_  
 College Major Dates Attended

\_\_\_\_\_  
 Please list your hobbies and skills.

\_\_\_\_\_  
 Please list any past experience working with youth.

\_\_\_\_\_  
 Describe your current job duties and/or previous job duties.

**Please check which program(s) you are you interested in?**

High School \_\_\_\_\_ Middle School \_\_\_\_\_ Elementary School \_\_\_\_\_ Community Based \_\_\_\_\_ Wayne State \_\_\_\_\_

**References: Identify three references who are not related to you**

1) \_\_\_\_\_  
Name \_\_\_\_\_ How long known \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_ Email Address \_\_\_\_\_

2) \_\_\_\_\_  
Name \_\_\_\_\_ How long known \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_ Email Address \_\_\_\_\_

3) \_\_\_\_\_  
Name \_\_\_\_\_ How long known \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_ Email Address \_\_\_\_\_

Please check yes or no to the following questions: **(These apply to the community based AND school based programs)**

- Yes  No Are you 20 years of age or older?
- Yes  No Do you have a criminal background history?  
If so please explain: \_\_\_\_\_
- Yes  No Do agree to provide current & updated copies of your driver's license and car insurance?
- Yes  No Have you ever had involvement with Children Protective Services?  
If so please explain: \_\_\_\_\_
- Yes  No Do you agree to have the following background checks completed?  
1. Local and state criminal clearance and FBI clearance  
2. Children Protective Services clearance  
3. Driving record check  
4. National and State sex offender check
- Yes  No Do you agree to complete an interview with the mentor coordinator?
- Yes  No Do you agree to complete the one time pre-match training and attend at least 2 mentor support trainings?
- Yes  No Do you agree to keep all information about your matched youth confidential?
- Yes  No May we use photos of you for marketing/recruitment purposes?
- Yes  No May we share the results of your background checks with the referring foster care agency and/or school?

**Community Based Program/Wayne State Program**

**School Based Program**

- Yes  No Do you agree to make a one year commitment to your matched youth?
- Yes  No Do you agree to participate in 2-4 outings per month with your matched youth?
- Yes  No Do you agree to pay for the activities that you do with your matched youth?
- Yes  No Are you currently a working professional?
- Yes  No Do you have a business/professional background?
- Yes  No Do you agree to commit to the full duration of the school program and attend each session? (high school – 26 weeks and middle school – 16 weeks)

By signing below, I am declaring that all of the above information is true to the best of my knowledge:

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

**If you have any questions please contact the Mentoring Department at 248-353-0921**

**Mentor Application**