

IN THE COURT OF CLERMONT COUNTY, OHIO
JUVENILE DIVISION
JUDGE JAMES A. SHRIVER



Mentor Application

PLEASE FAX, MAIL, OR EMAIL COMPLETED APPLICATION TO:

Clermont County Juvenile Court • 2339 Clermont Center Drive Batavia, OH 45103

Attn: Susan Stark- Mentoring Coordinator

Fax: 513-732-7622 Email sstark@clermontcountyohio.gov

We appreciate your interest in becoming a mentor. The information in this application will help us to match you with a mentee and will be kept confidential.

Name	Date		
DOB	SSN	Phone	Home Cell
Email			
Address			
City	State	Zip	
Driver's License Number			
Employer		Occupation	
Work Address			
City	State	Zip	
Business phone		Fax	

Is there a day of the week that you will be unable to meet with your mentee?

Yes No

If so, which day _____

Do you have a preference as to who you are matched with (check all that apply)

Boy Girl Middle School High School No Preference

Please write a brief statement as to why you want to be a mentor:

Please describe special hobbies/interests which may be helpful in matching you with a mentee (example, cooking, crafts, career interests, chess, sports, computers, nature, etc.)

Do you have any experience working with children? Yes No

If yes, how will your experience help you in working with your mentee?

Have you ever previously participated in a mentor role? Yes No

If yes, how would you describe the experience?

Please list addresses where you have lived for the last five (5) years. Begin with your current address.

Dates	Address	
State	City	Zip
Dates	Address	
State	City	Zip
Dates	Address	
State	City	Zip

Please provide two (2) personal references (non-family members)

Name	Relationship
Address	City
State	Zip
Phone	E-mail
Name	Relationship
Address	City
State	Zip
Phone	E-mail

Please provide your last three (3) places of employment

Company	E-mail		
<hr/>			
Address	City	State	
<hr/>			
Dates: From	To	Title	Zip
<hr/>			

Company	E-mail		
<hr/>			
Address	City	State	
<hr/>			
Dates: From	To	Title	Zip
<hr/>			

Company	E-mail		
<hr/>			
Address	City	State	
<hr/>			
Dates: From	To	Title	Zip
<hr/>			

MENTOR RELEASE STATEMENT

I, _____, hereby state that if accepted as a mentor, I agree
(PRINT NAME)

to abide by the rules and regulations of the Clermont County Juvenile Court Mentoring Program. I understand that the program involves spending a minimum of four (4) hours each month with an assigned mentee. Further, I understand that I will attend and participate in required training sessions, keep in regular contact with my mentee, and communicate with staff regularly during this period. I am willing to commit to one (1) year in the program.

I have not been convicted within the past seven (7) years of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment.

Further, I hereby fully release, discharge, and hold harmless the Clermont County Juvenile Court Mentoring Program, participating organizations, and all of the foregoing employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the Clermont County Juvenile Court Mentoring Program.

I understand that the Mentoring Program Coordinator reserves the right to terminate a mentor from the program. The program takes place within the confines of the program's policies and does not encourage or approve of relationships established between mentor/mentee and family members beyond the organized and supervised activities of the program. I give permission for the program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a criminal check with the local authorities. Program staff has the final right of acceptance of an applicant into the program and reserves the right to terminate the mentor from the program at time.

I have read the above Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

SIGNATURE OF APPLICANT

DATE

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Mentor Pre-Eligibility Questionnaire

Eligibility Questions	Yes	No
Are you 21 years of age or older?		
Do you reside in Clermont County?		
Are you willing to adhere to the program policies and procedures?		
Do you agree to a twelve (12) month commitment?		
Can you commit to a minimum of four (4) hours per month?		
Do you agree to regularly touch base with your mentee?		
Have you completed all pre-screening paperwork, including application?		
Do you agree to attend any required training sessions?		
Are you willing to communicate regularly with the program coordinator?		
Are you willing to submit monthly meeting and activity information?		
Do you have reliable transportation?		
Do you have a current driver's license and insurance?		
Do you have a good driving record?		
Have you ever been accused, arrested, charged or convicted of child sexual abuse?		
Have you been convicted of a felony within the last seven (7) years?		
Do you use alcohol or controlled substances inappropriately?		
Are you currently in treatment for substance abuse?		
Have you been hospitalized for a mental disorder in the past three (3) years?		