



MENTOR APPLICATION

(This application can also be completed online at AMPforKids.org)

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Phone: (Home) _____ (Work) _____

Cell Phone: _____ E-Mail Address: _____

Marital Status: _____ Name of Spouse: _____

Ages of children: Boys _____ Girls _____

1. **Mentoring** is building a friendship with a child or youth who is lacking positive adult role models in their life. Being a mentor requires that you:

- meet with a child 1 hour a week for a minimum of one year (at the end of year you and the child can choose to recommit. The most helpful mentor relationships last several years.)
- be a minimum of 21 years of age
- be a Christian for a minimum of one year
- be affiliated with the church for at least six months
- attend a four-hour mentor training
- complete the screening process
 - Interview
 - Four references
 - Background check

2. Would you have any restrictions affecting your availability and your ability to meet weekly with a child (family, car, license, schedule, etc.)?

3. Do you plan to live locally for at least one year? _____

4. Have you had any recent injuries or illnesses? _____

Do you have any physical challenges or limitations? _____

If yes, do you feel that this condition would impact your ability to maintain a weekly commitment?

5. Are you currently employed? _____

If yes, who is your employer? _____

What is your position? _____

How long have you been employed by this employer? _____

6. Which church do you attend? _____
Who is the pastor of your church? _____
How long have you attended this church? _____
Are you involved in church activities? _____
If yes, what are they? _____

If no, have you participated in any church activities in the past? _____
If yes, what were they? _____
7. How and when did you come to faith in Christ? _____

8. Why do you wish to become a mentor? _____

9. If you are married or living with relatives, how does your family feel about you becoming a mentor?

10. What are your hobbies and interests? _____

Signature _____ Date _____

Completed applications may be returned to a participating church office or mailed to:

AMP
PO Box 2607
Corbin, Ky 40702

OR Email to: info@ampforkids.org

For more information email info@ampforkids.org or call 606-910-3332