



Partners for Youth with Disabilities

ADULT APPLICATION

Date of Application:		Program:			<input type="checkbox"/> Mentor Match Program (MM)
					<input type="checkbox"/> Partners Online (POL)
					<input type="checkbox"/> Peer Leadership Program (PL)
					<input type="checkbox"/> Young Entrepreneurs Project (YEP)
					<input type="checkbox"/> Not Sure Which Program to Choose
NAME			PHONE (H)		
ADDRESS			PHONE (W)		
EMAIL ADDRESS			PHONE (CELL/PAGER)		
CURRENT EMPLOYER/SCHOOL			LENGTH OF EMPLOYMENT		
DO YOU SPEAK ANY FOREIGN LANGUAGES?					
DO YOU HAVE ANY SPECIAL SKILLS?					
DO YOU HAVE A DRIVER'S LICENSE?			ACCESS TO A CAR?		
LICENSE#			AUTO INSURANCE COMPANY		
OTHER HOUSEHOLD MEMBERS:					
NAME	AGE	GENDER	TYPE OF JOB/SCHOOL	RELATIONSHIP	
Describe the family in which you grew up (how many parents, siblings, family relationships and values).					
How do you spend your leisure time (hobbies, interests, etc.)?					
What is your history of community involvement and experience with youth programs?					

Describe a what kind of boy/girl would make the best match with you (age group, disability, background, challenges, interests, career goals, personality type, etc.).

How far are you willing to travel (time and/or specific areas)?

Why do you want to become a mentor for Partners for Youth with Disabilities?

Do you have any additional comments, information, questions you would like to share?

Do you feel that you can meet the minimum standard of having the following contact with your mentee:

PARTNERS ONLINE		ALL OTHER PROGRAMS (MM/PL/YEP)	
A) Email contact with a mentee twice per week?	<input type="checkbox"/> YES <input type="checkbox"/> NO	A) Telephone or email contact with a mentee once a week?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B) Chat or Instant Message contact with a mentee once a week?	<input type="checkbox"/> YES <input type="checkbox"/> NO	B) In-person contact with a mentee at least once every month?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C) In person contact with a mentee at least 3 hours once every 3 months	<input type="checkbox"/> YES <input type="checkbox"/> NO	C) Do you sincerely feel that you will be able to remain in the program for at least one year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D) Do you sincerely feel that you will be able to remain in the program for at least one year?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Have you ever been convicted of any offense by civilian or military court?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been or are you now being charged with any criminal offense, or are any civil court actions or judgments now pending against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered "yes" to either of the above, please provide details on a separate sheet. State the date and place of each arrest, court action or judgment. Give the nature of the charge or court actions, and current status of disposition including any sentence or fine imposed. Provide a complete explanation of the circumstances.	
Have you ever been treated for alcohol or drug dependency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list date(s) and place(s) of treatment.	

REFERENCES

Please list three (3) people who know of you and your interest in becoming a mentor whom we may contact by phone as references. Please include, if possible:

1. Current or most recent job supervisor and
2. An individual who is not a close friend or relative

NAME	PHONE(W)	PHONE(H)	How long known to you?
1.			
2.			
3.			

Did the applicant complete this form? Yes No
*If **no**, please provide the name of the person who completed this form for the applicant.*

I certify that all the statements made in this application are true, correct and complete to the best of my knowledge and are made in good faith. I understand that any misinformation may be cause for disqualification or termination.

SIGNATURE OF APPLICANT	DATE
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Date of Application:	OFFICE USE ONLY – ID NO.	
CITY/TOWN OF RESIDENCE	DATE OF BIRTH	AGE
RACE <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino	MARITAL STATUS (ALL that apply) <input type="checkbox"/> Married, spouse present <input type="checkbox"/> Married, spouse absent <input type="checkbox"/> Unmarried, living with partner <input type="checkbox"/> Widowed	

<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____		<input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Other: _____	
What is the primary language spoken in your home?		What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female	
Have you had prior experience as a parent or guardian?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had prior experience as a mentor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your employment status? (Check ONE only)	<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student	If not a student, which of the following best characterizes current or immediate past employment?	<input type="checkbox"/> Managerial/Professional <input type="checkbox"/> Technical/Sales/Administrative <input type="checkbox"/> Service <input type="checkbox"/> Military <input type="checkbox"/> Law Enforcement/Justice <input type="checkbox"/> Religious <input type="checkbox"/> Other: _____
What is your highest level of education completed? (Check ONE only)	<input type="checkbox"/> High School Diploma <input type="checkbox"/> College Courses <input type="checkbox"/> Associate's Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Other: _____		
What is the nature of your disability? (Check ALL that apply)	<input type="checkbox"/> No Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Blind/Low Vision <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Deaf-Blind <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive Disability <input type="checkbox"/> Emotional Disability <input type="checkbox"/> Other: _____		
If you checked more than one box above, what is your primary disability?			
If applicable, what are the functional limitations of your disability? What accommodations are needed?			
List all PYD programs you have participated in and the date(s) of enrollment (Month/Year).			
How many (if any) mentees have you been matched with and how long did each match last?			
What is your primary reason for applying to be a mentor? (Check ONE only)	<input type="checkbox"/> To give back to the community <input type="checkbox"/> To support a child with a disability <input type="checkbox"/> Had a positive experience with a mentor as a child <input type="checkbox"/> PYD sponsored community service project <input type="checkbox"/> Experience for career/educational development <input type="checkbox"/> Other: _____		