

HOLMES COUNTY JUVENILE  
COURT  
1 EAST JACKSON STREET  
SUITE 201  
MILLERSBURG, OHIO 44654



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## Mentor Application Form

Thank you for your interest in becoming a mentor. Please complete this application form in full. All information will be kept confidential.

### Section 1: Personal Information

Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact: [ ] Phone [ ] Email [ ] Text

### Section 2: Employment & Education

Current Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Field of Study (if applicable): \_\_\_\_\_

### **Section 3: Volunteer & Mentoring Experience**

Have you previously mentored youth? [  ] Yes [  ] No

If yes, please describe your experience:

List any other volunteer experience:

Why are you interested in becoming a mentor for at-risk youth?

Do you have any personal, professional, or other commitments that may interfere with your ability to serve as a mentor?

## **Section 5: References**

Please list two references who are not family members.

### **Reference 1:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### **Reference 2:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## **Section 7: Consent & Signature**

I certify that the information provided is true and complete to the best of my knowledge. I understand that I will be required to complete a background check and attend training before being matched with a mentee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_