



## MENTOR APPLICATION FORM

Thank you for your interest in being a Mentor with STEP. You can play a vital role in the mentoring activities that can lead to reductions in recidivism in San Mateo County.

STEP's number one priority is the safety and security of you – the mentor, as well as the mentees/clients, STEP staff, and the community. To this end, we have an application and orientation/training process that will prepare you to be successful and safe as a STEP Mentor.

- Step 1:** Complete the attached application. Answer all questions truthfully. If any question cannot be clearly answered please elaborate in the additional space.
- Step 2:** The STEP Program Director will review your application. The Program Director may ask for a written response from you for any areas that need further clarification, and for other information that may be needed in relation to STEP and client programs.
- Step 3:** A criminal history check will be made and references may be contacted. The reference check will seek to verify if you have the experience and are competent in the area where you will be working.
- Step 4:** Once the review is completed, the Program Director will contact you to arrange a time for you to attend an orientation of STEP programs, Mentor expectations, policies and procedures, and STEP client rules and procedures. Involvement with STEP is granted only after successful completion of Mentor orientation/training.
- Step 5:** Assignment to Mentee.

If you have any questions or need clarification, please contact the STEP Program Director – Dr. Peggy Koshland-Crane at [peggy@stepca.org](mailto:peggy@stepca.org)

### GENERAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Do you have a valid driver's license?  Yes  No What is your driver's license number? \_\_\_\_\_

Have you been convicted of a moving violation?  Yes  No

If yes, please provide:

Date of Incident: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_



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### MENTOR INFORMATION

What do you feel are the strengths or special skills that you have acquired from employment, previous volunteer work, or other activities, including hobbies or sports, which you can bring to this program?

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Write a brief statement on why you have chosen to participate in the STEP mentor program.

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Please initial the three (3) statements below:

- \_\_\_\_\_ I understand that the STEP mentor program involves contacting the mentee at least one time per week for the first two months, and contacting the mentee at least one time per month from the end of the second month through the end of the 12 month of the mentee's program.
- \_\_\_\_\_ I understand that I am to fully follow all STEP program rules, policies, and program guidelines.
- \_\_\_\_\_ I understand that I will be required to complete the mentor program orientation/training, to attend required meetings, and to attend other need training as determined by STEP.

### BACKGROUND INFORMATION

Have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?  Yes  No

Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in above question?  Yes  No

If the answer is YES to above questions, please explain below (include date, charge, and final outcome).

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### EDUCATIONAL BACKGROUND

- High School
- GED
- College (Please indicate if degree completed, or number of semester / quarter units completed)  
\_\_\_\_\_
- Graduate/professional School (Please indicate if degree completed, or number of semester / quarter units completed)  
\_\_\_\_\_
- Technical School (Please indicate if completed and area studied)  
\_\_\_\_\_
- Other (please specify)  
\_\_\_\_\_

Availability: (Check all that apply)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PERSON TO NOTIFY IN CASE OF EMERGENCY

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

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

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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



## MENTOR APPLICATION FORM

### REFERENCES

Please list two references (please include one personal friend and one work reference):

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

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

### APPLICANT ACKNOWLEDGEMENT

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Mentor, any false statements, omissions, or other misrepresentations made by me on this application, and on subsequent mentor application forms, may result in my immediate dismissal. I understand that this application is subject to verification of all information herein contained, and to any needed background checks including, but not limited to employment, activities, and references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

This application may also be printed and mailed to STEP.

Mailing Address:

Mentor Application  
STEP Success Through Education Program  
851 Burlway Road; Suite 421  
Burlingame, CA 94010-1713