

Mentor Application

TODDLERS OF TEENS

Date: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: (home) _____ (work) _____

Cell: _____ Can you accept calls at work? _____yes _____no

E-mail address: _____

Marital Status: Married___ Separated___ Divorced___ Widowed___

Emergency Contact: Name: _____ Relationship: _____ Phone: _____

Date of Birth: _____

Children's names and ages: _____

If you work outside of the home, what do you do? _____

Special interests, hobbies, organizations: _____

What interests you most about being a mentor? _____

Are you willing to make a year commitment to this program, meeting once a week for 1 hour with your mentee? _____

You are required to attend a **10-week** course with your teen mom. These classes are held on **Thursday evenings from 6:30-8:30 pm**. Can you adjust your schedule in order to meet once a week for 10-weeks? _____

You will also be required to:

- ✓ attend a 5 hr mentor training including a program on "How to Prevent Sexual Abuse"
- ✓ Be fingerprinted at the Montgomery County ESC (200 S. Keowee Street)
- ✓ Devote 1-hr. per week to meeting with your mentee and report this information on a monthly basis to the Director
- ✓ Will you be able to adhere to all these requirements? _____

COMMENTS: _____

How do you feel about teen/unwed moms keeping their babies? _____

What is your stand on abortion? _____

Do you consider yourself to be Pro-Choice_____ **Pro-Life**_____

Our mentors will need to follow a pro-life philosophy with regard to sexual activity. We cannot suggest birth control options and since there is no "safe sex" and we are concerned for the girl's emotional and physical well being, we promote abstinence until marriage as the healthiest lifestyle choice. Can you adhere to this philosophy?

How did you hear about this mentoring program?_____

Are you : _____American Indian _____Alaska Native _____Asian _____Bi-racial _____Black or African-American
(check one) _____Caucasian/White _____Hispanic/Latino _____Other

**E-Mail form to ebonner@daytonlife.org, fax to 937.461.3702 or mail to:
Life Resource Centre...425 North Findlay Street...Dayton, OH 45404**