



**ICU...Inspire, Create, Unite**  
 617 Patterson Road Dayton, OH 45419  
 937-546-6005 email: [info@icudayton.org](mailto:info@icudayton.org)  
 website: [www.icudayton.org](http://www.icudayton.org)  
*Inspiring One Person At A Time*

## Mentor Application

Date \_\_\_\_\_

### Personal Information:

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

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

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

Date of Birth: \_\_\_\_\_  Male  Female

Have you ever been convicted of a criminal offense other than minor traffic violations? \_\_\_\_\_

If yes please list offense, date and place of conviction: \_\_\_\_\_

Please list all organizations that you are a member of including professional: \_\_\_\_\_

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Highest level of education: \_\_\_\_\_

Schools attended and date attended: \_\_\_\_\_

---

---

Do you have a valid Ohio drivers license?: \_\_\_\_\_

### **Employment History**

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer Name

---

Address	City	State	Zip
---------	------	-------	-----

---

Supervisor Name	Title
-----------------	-------

---

Phone	Date of Employment
	From to (m/year)

---

Position(s) Held

---

Employer Name

---

Address	City	State	Zip
---------	------	-------	-----

---

Supervisor Name	Title
-----------------	-------

---

Phone	Date of Employment
	From to (m/year)

---

Position(s) Held

---

Employer Name

---

Address	City	State	Zip
---------	------	-------	-----

---

Supervisor Name	Title
-----------------	-------

---

Phone	Date of Employment
	From to (m/year)

---

Position(s) Held

---

Employer Name

---

Address	City	State	Zip
---------	------	-------	-----

---

Supervisor Name	Title
-----------------	-------

---

Phone

Date of Employment

From

to

(m/year)

Position(s) Held

---

---

**Why are you interested in becoming a mentor?**

---

---

---

---

---

---

---

---

---

---

Do you have any previous experience volunteering or working with youth?: \_\_\_\_\_

---

Can you speak any other languages?: \_\_\_\_\_

**Please read this carefully before signing:**

Our program appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check.

I have read and understood the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**