Community Mentor/Tutor Application and Profile

Thank you for your interest in becoming a Community Mentor/Tutor.
We appreciate you taking the time to provide the information requested below.

Date _____ ☐ Male ☐ Female

First _____ Middle _____ Last _____ Maiden _____

Address _____ Apt/Unit# _____

City _____ State CA Zip Code _____

Home Phone _____ Mobile _____ Work Phone _____ Ext _____

Best time to call _____ E-mail Address _____

Fastest way to get a hold of you: ☐ Home ☐ Mobile ☐ Work ☐ Text ☐ Email

Employer/Business Name _____

Business Address _____ Suite _____

City _____ State CA Zip Code _____

How did you hear about Bright Futures?

List three things you want for yourself from being a Community Mentor/Tutor:

1.

2.

3.

What do you think will be difficult for you while being a Community Mentor/Tutor?

What do you do to relieve stress?

What are the two biggest mistakes you regret?

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What is your attitude about uncertainty and change?

Given the schedule of training and other activity requirements for the year, what will you need to do to clear your calendar so you can fully participate?

To support compatibility for the pairing process between the Mentor/Tutor and Mentee, please list 5 interest, hobbies and activities you participate in.

1. _____
2. _____
3. _____
4. _____
5. _____

Please list two professional references whom you have known for at least 2 years:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Please list one personal references whom you have know for at least 2 years:

Name _____ Relationship _____

Address _____ Phone _____

In case of an emergency, who do you want contacted?

Name _____ Relationship _____

Mobile Phone _____ Work Phone _____ Home Phone _____

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I do and will maintain the safe operating condition of the motor vehicle I drive during my participation in the Bright Futures programs.

Please initial by hand _____

☐ Yes ☐ No

I do and will maintain compliance with the vehicle laws and insurance requirements of the State of California

Please initial by hand _____

☐ Yes ☐ No

Number of seat belts in my vehicle (including the driver's): Select from list _____

BACKGROUND CHECK INFORMATION

I understand and agree that a background check is needed to participate in the Bright Futures Program.
Volunteers transporting youth are required to comply with all current state Department of Motor Vehicles regulations.

Signature _____ Date _____

Please provide a photo copy of your current driver's license your current certificate of auto liability

I have lived in California for the past five years ☐ Yes ☐ No

If, no please give previous addresses for the last 5 years

Dates From -To	Address

Have you ever been arrested? ☐ Yes - Explain below ☐ No

Have you ever been convicted or pled guilty to a crime other than a driving offense? ☐ Yes - Explain below ☐ No

Have you ever been convicted of a felony? ☐ Yes - Explain below ☐ No

Are you currently on parole? ☐ Yes - Explain below ☐ No

P.O. Name _____

Day Phone _____ Evening Phone _____

Address _____

Explanations

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Ethnicity (please check one)

- ◯ Black (non-Hispanic)
- ◯ Asian
- ◯ White (non-Hispanic)
- ◯ Hispanic - please specify _____
- ◯ Native America
- ◯ Other - please specify _____

Age Category (please check one)

- ◯ ... 20-30
- ◯ ... 31-40
- ◯ ... 41-50
- ◯ ... 51-60
- ◯ ... 61-70
- ◯ ... over 70

Are you married? ☐ Yes ☐ No

Do you have children? ☐ Yes ☐ No

Son(s) _____ Age(s) _____

Daughter(s) _____ Age(s) _____

When you were a teenager, to what income group did your family belong?

- ◯ Low Income
- ◯ Middle Income
- ◯ High Income

How would you describe yourself as a teenager?

- ◯ Troubled (at risk, serious problems, little success)
- ◯ Typical
- ◯ Above average (well adjusted & mostly successful)

Please describe.

As a teenager did you have a mentor? ☐ Yes ☐ No

If yes, please describe your mentor.

For the safety of our youth and in order to make the best match, we are asking a number of seemingly personal questions. Your replies will be kept confidential.

Do you drink alcohol? ☐ Yes ☐ No If so, how often?

Do you use tobacco products? ☐ Yes ☐ No If so, how often?

Do you use prescription drugs for non-medical reasons? ☐ Yes ☐ No If so, how often?

Do you use street drugs? ☐ Yes ☐ No If so, how often?

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CAREER AND EDUCATON INFORMATION

Current Job Title _____ Department, if appropriate _____

Previous Jobs _____

Highest Educational degree earned:

- ◯ Some schooling, but not a high school graduate
- ◯ High School Graduate
- ◯ Bachelor Degree
- ◯ Doctorate Degree
- ◯ Associate Degree
- ◯ Master's Degree
- ◯ Other

Are you currently in any education or training program? ☐ Yes ☐ No

If yes, please specify

_____

SELF DESCRIPTION

How would you describe your communication style?

- ◯ Life of the party
- ◯ Friendly and outgoing
- ◯ Reserved until I get to know someone
- ◯ Usually wait to be approached by someone new
- ◯ None of the above (Please describe) _____

What would you prefer in a Mentee's communication style?

- ◯ Assertive, one who takes the lead
- ◯ Very involved and open
- ◯ Participatory, but not overly assertive
- ◯ Reserved and on the quiet side
- ◯ Other (Please describe) _____

I am interested in becoming a Mentor/Tutor to an “at risk” teenager because: (check all that apply)

- ☐ I think I would be a positive role model
- ☐ I like teenagers
- ☐ I have time to give
- ☐ I overcame difficulties during my teen years and want to help another
- ☐ I think I have the personality and abilities to be a good Mentor/Tutor
- ☐ I am interested in a long-term relationship with a young adult
- ☐ I believe in the value of Mentoring/Tutoring
- ☐ I wish I had had a mentor
- ☐ I want to model social skills in activities with students who need assistance in developing their social skills
- ☐ I want to share my resources

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How comfortable would you be in counseling your mentee regarding his/her use of poor judgment?	◯ Very Comfortable	◯ Somewhat	◯ Not at all
Please indicate how comfortable you would be in counseling your mentee in drug and alcohol abuse?	◯ Very Comfortable	◯ Somewhat	◯ Not at all

Please indicate how comfortable you would be in talking to a teenager about the following:

Goal setting	◯ Very Comfortable	◯ Somewhat	◯ Not at all
Hobbies/interests	◯ Very Comfortable	◯ Somewhat	◯ Not at all
Personal experiences	◯ Very Comfortable	◯ Somewhat	◯ Not at all
Probation	◯ Very Comfortable	◯ Somewhat	◯ Not at all
Drug and alcohol abuse	◯ Very Comfortable	◯ Somewhat	◯ Not at all
Sex	◯ Very Comfortable	◯ Somewhat	◯ Not at all
Physical/sexual abuse	◯ Very Comfortable	◯ Somewhat	◯ Not at all
Rape	◯ Very Comfortable	◯ Somewhat	◯ Not at all
Gang activity	◯ Very Comfortable	◯ Somewhat	◯ Not at all

What experiences and/or training do you have working with at-risk teenagers? ◯ None ◯ A little (specify below) ◯ A lot (specify below)

Specify _____

Please describe how you would handle the following potential problems.

Have a hard time contacting your mentee.

You make arrangements to meet your mentee and your mentee doesn't show up.

Your mentee calls you too often.

Your mentee shares very sensitive thoughts and information with you.

Are there any particular problems you would prefer not to have to handle as a Mentor/Tutor? Please explain.

As a Mentor/Tutor in this program what do you see as being difficult for you?

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CONFIDENTIALITY AGREEMENT

I understand that the Bright Futures Program is a private and personal experience for each participant. As such, I agree to respect the confidentiality of all participants and their remarks and actions, and I agree to keep all such information private and confidential. I am also aware that the Bright Futures Program is protected by copyright, and cannot be reproduced, copied or otherwise duplicated without the express written permission of Bright Futures.

I declare that I have read and understand all of the information of this application: That all of my answers are accurate and true to the best of my knowledge; and that I have read and understand the Confidentiality Agreement and agree to abide by it.

Signature _____ Date _____

PHOTO RELEASE

I hereby consent to the use of my name, likeness and speech in audio tape, video tape, film or photograph made at Bright Futures courses and/or Bright Futures Activities for any business purpose for Bright Futures.

Signature _____ Date _____

BRIGHT FUTURES THERAPY RELEASE FORM

Answering 'Yes' to any of the following questions will not jeopardize your candidacy to participate with Bright Futures.

Have you ever seen a psychiatrist or mental health professional in the past? ◯ Yes ◯ No

Name _____ Phone _____

Reason _____

Are you seeing a psychiatrist or mental health professional now? ◯ Yes ◯ No

If yes, list the therapist name and phone number and reason for the care.

Name _____ Phone _____

Reason _____

Have you ever been hospitalized for psychiatric care of a mental disorder, or for drug and alcohol rehabilitation?

◯ Yes ◯ No

If yes, please explain (where, when, why)

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BRIGHT FUTURES

MEDICAL RELEASE FORM

I understand that the Bright Futures program and the Launch Retreat Course sessions, exercises and ropes courses may involve vigorous physical activity and stamina. I agree that Bright Futures Programs are responsible only for the orderly presentation of the course sessions and ropes course, and I agree to be responsible for my own participation and that not action may be brought against the Bright Futures Program, its officers, or employees.

☐ No ☐ Yes Do you have a heart condition, or other physical condition that would prevent you from engaging in strenuous physical activity?

☐ No ☐ Yes Have you ever had a heart attack?

☐ No ☐ Yes Do you have any neck or back injuries?

☐ No ☐ Yes Do you have any knee, foot, arm or hand injuries?

☐ No ☐ Yes Do you have any disability, deformity, or inability to perform certain motions or tasks?

☐ No ☐ Yes Do you have any dietary restrictions or limitations?

If you checked `Yes' to any of the above questions please explain in detail below:

I will provide verification I have tested *negative* for TB within the last 2 years

☐ Yes ☐ No Please initial by hand _____

In your own handwriting, write below, 'I have read and understand the above'.

Print your name _____

Signature _____ Date _____

Please hand deliver or scan and email completed application to (*mentor@BrightFuturesSJ.org*) or send an email when you US Mail it to:

Bright Futures
749 Story Rd Ste 10
San Jose, CA 95122