



Supporting Others Through Mentoring  
 Phone: 972-709-1180  
 E-mail [mentor@sotminc.com](mailto:mentor@sotminc.com)  
 Website: [www.sotminc.com](http://www.sotminc.com)

# SOTM MENTOR APPLICATION

**Please return this completed application to:** SOTM, Inc. - Mentor Program Department: 423 W. Wheatland Road Suite 101, Duncanville, Texas 75116 or e-mail to [mentor@sotminc.com](mailto:mentor@sotminc.com)

The information on this application is requested to match your skills, and interests in placing you with a mentee. Information may be shared with the mentee, parent/guardian,. The rigorous screening of this application process is for your safety and the safety of program participant. **Please print legibly**

Check the box that applies:  First-time Mentor  Returning Mentor

I would also like to participate in (Check all that applies):

One-on-One Mentoring  Group Mentoring  E-Mentoring

Date \_\_\_\_\_ Mrs.  Ms.  Mr.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

(Street)

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

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Church Home \_\_\_\_\_ Pastor \_\_\_\_\_ (if any)

Education *Please circle one* High school, College 1,2,3,4 Graduate 1,2,3 MA, Ph.D.

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_

Driver's License number \_\_\_\_\_ Social Security \_\_\_\_\_

One thing you would like to share about yourself \_\_\_\_\_

What is your occupation? \_\_\_\_\_ Place of employment \_\_\_\_\_

Do you have any special skills? (Computer, Teaching, Singing, \_\_\_\_\_

How did you learn of SOTM, Inc. \_\_\_\_\_

What Mentor program have you participated in, if any? \_\_\_\_\_

Are you currently a member of an organization? (Provide name) \_\_\_\_\_

In the event of an emergency, please contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

**Getting to Know You:** Please check one from each of the following pairs below. Are you

<input type="checkbox"/> Quiet	<input type="checkbox"/> Talkative	<input type="checkbox"/> Serious	<input type="checkbox"/> Funny	<input type="checkbox"/> Laid back	<input type="checkbox"/> Energetic
<input type="checkbox"/> Follower	<input type="checkbox"/> Take charge	<input type="checkbox"/> Carefree	<input type="checkbox"/> Punctual	<input type="checkbox"/> Patient	<input type="checkbox"/> Time keeper

**Your Interests:** What do you like to do in your free time? (Give specifics, if possible.)

<input type="checkbox"/> Play sports? Which ones?	
<input type="checkbox"/> Play music? What kinds?	
<input type="checkbox"/> Listen to music? What kinds?	
<input type="checkbox"/> Read? What kind of books?	
<input type="checkbox"/> Draw, paint? What kind of art?	
<input type="checkbox"/> Play video games? What types?	
<input type="checkbox"/> Watch sports? Which ones?	
<input type="checkbox"/> Watch TV or movies?	
<input type="checkbox"/> Shop? For what?	
<input type="checkbox"/> Other activities?	

<p><b>Language Abilities (optional):</b></p> <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Creole <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<p><b>Religious Affiliation (optional):</b></p> <input type="checkbox"/> Agnostic <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Other	<p><b>Race/Ethnicity (optional):</b></p> <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
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**Application Questions**

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. How important is it to you for your mentee to share your faith?

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2. What are your expectations of the SOTM, Inc. Mentoring Program? Why do you want to participate in the program as a mentor?

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3. What are the two biggest challenges that you think you will face in the next two years?

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4. What are your short terms 1 – 2 years career goals?

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5. What are your short terms 1-2 years personal goals?

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6. What is your ideal job?

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7. How do you past the time?

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8. Please list other skills, experience and knowledge areas in which you would like to receive mentoring.

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9. Why do you want to become a mentor?

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10. Do you have any previous experience volunteering or working with mentees? If so, please specify.

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11. What qualities, skills, or other attributes do you feel you have that would benefit a mentees? Please explain.

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12. Can you commit to participate in the SOTM Life Skills mentoring program for a minimum of one year from the time you are matched with a mentees?

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13. Are you available to meet with a mentee eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.

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14. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.

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15. How would you describe yourself as a person?

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16. How would your friends, family, and co-workers describe you?

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17. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

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18. Have you ever used illegal drugs? If so, what substances were used and how often?

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19. Are you currently using any illegal drugs or controlled substances?

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20. Do you drink alcoholic beverages? If so, what and how often?

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21. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?

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22. Do you use tobacco products? If so, what and how often?

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23. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

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24. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.

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25. Have you ever been investigated or convicted of mentee abuse or neglect? If yes, please explain.

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26. Have you ever been investigated or convicted of sexually abusing or molesting a mentee 18 or younger? If yes, please explain.

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27. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

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28. Are you willing to attend an initial mentor training session and two in service training sessions per year after being matched?

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29. Do you have any physical disabilities or health concerns, which would prevent you from participating in certain activities? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain...

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Is there anything else you would like to add that you have not been asked?

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**I would be MOST SUCCESSFUL if matched with...**

We'd like to match you with a child you can work best with, and we believe you're the best judge of that. Please check your preference for a volunteer assignment. Check as many choices as are appropriate for you.

I think I have the best chance of success and satisfaction working with:

- Native American     Hispanic American     African American
- Asian     Caucasian     It makes no difference
- Male Mentee     Female Mentee     It makes no difference
- Someone who may have some medical problems, physical problems, or disability
- Someone who does NOT have a medical problem, physical problem, or disability
- Someone physically active     More quiet, layback     Either
- Someone with somewhat of a challenging background     Very few challenges     Either
- Someone who comes from a single parent home     One from a stable home     Either

I would have difficulty working with a mentee who has:

- Been sexually abused:     Yes     No    Behavior problems:     Yes     No
- Criminal history:     Yes     No    Depression:     Yes     No
- Been physically abused:     Yes     No    Eating disorders:     Yes     No

**For Returning Mentors**

Who was your mentee last year? \_\_\_\_\_

How would you rate your mentoring experience?

- Great     Good     Fair     Poor     Waste of my time

Do you wish to continue with same mentee?     Yes     No



Why? Please share your mentoring experience

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**Please read this carefully before signing:**

SOTM Life Skills Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I understand that SOTM Life Skills Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ I agree to allow SOTM Life Skills Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver’s license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- DMV Release Form (state agency form)
- Criminal History Release Form (state agency form)
- Mentee Abuse and Neglect Release Form (state agency form)
- Sexual Offender Release Form (state agency form)

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

