



BRIGHT S.T.A.R. MENTOR PROGRAM APPLICATION

Basic Information:

Name: _____
First Middle Last

E-mail address: _____

Address: _____
Street City State ZIP

Home phone: _____ Cell phone: _____ Work: _____

Gender: Male Female DOB (needed for record checks): _____

Ethnicity: African-American American Indian/Native American Asian/Pacific Islander Caucasian
 Hispanic/Latino Multi-racial Other

Educational Background (mark one):
 Some high school Graduate/Professional school
 High school graduate Technical school
 Some college Associate/Bachelor Degree
 Other (please specify) Other (please specify)

Preferred method of communication: Cell Phone E-mail Home Phone Messenger Text Work

Please initial the two statements below:

_____ I understand that the mentor program involves spending a minimum of two hours per month (2nd Saturday) with my mentee and making weekly contact by phone, text, Facetime or other approved methods for the school year.

_____ I understand that I will be required to complete the mentor program orientation and a minimum two training sessions during the year.

1. Within the past 10 years, 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

2. Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #1? Yes No

3. If the answer is YES to questions 1 or 2, please explain below:

4. Please list four references (please include at least one family member, one friend and one work reference):

Name _____	Name _____
Address _____	Address _____
City _____ State/ZIP _____	City _____ State/ZIP _____
Phone number _____	Phone number _____
Relationship _____	Relationship _____

Name _____	Name _____
Address _____	Address _____
City _____ State/ZIP _____	City _____ State/ZIP _____
Phone number _____	Phone number _____
Relationship _____	Relationship _____

In signing this application to be a mentor, I understand that Brightway Center routinely performs criminal record checks of all volunteers. My signature below authorizes this check be done on me.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature

Date

Please drop off or mail
to:

Brightway Center
PO Box 126
Smithfield, OH 43948



2511 County Road 15, Rayland, OH 43943



Mentor Matching Information

Indicate your preferences:

- Jr. High/Middle School High School No preference
 Girl Boy No preference

5. Do you prefer working with a quiet, reserved child? Yes No No Preference

6. Do you prefer working with an outgoing child? Yes No No Preference

Employer: _____ Occupation: _____

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

Please list any hobbies or interests you have: _____

What clubs or groups, if any, do you belong to? _____

Please put an X by the activities you enjoy the most:

- ___ Playing sports such as _____
- ___ Watching sports such as _____
- ___ Writing
- ___ Reading
- ___ Photography
- ___ Attending plays
- ___ Going to the movies
- ___ Arts and crafts
- ___ Visiting zoos and parks
- ___ Visiting museums
- ___ Using computers
- ___ Playing games
- ___ Cooking
- ___ Hiking and seeing nature
- ___ Other _____