

**ACE Mentoring Program Mentor Application**      **Date** \_\_\_\_\_

*Thank you for your interest in the ACE Mentoring at Fremont City Schools.  
This application is confidential. Please print or type all of the information.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital status: \_\_\_\_\_ Spouse/Partner's name: \_\_\_\_\_

Do you have children at home? Names and ages: \_\_\_\_\_

Current occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Best time to be contacted: \_\_\_\_\_ May we call you at work? \_\_\_\_\_

How did you hear about the ACE Mentoring Program? \_\_\_\_\_

Are you willing to undergo a BCI/FBI background check as part of the mentor application process?  
 YES       NO

Please list the names and complete addresses of two unrelated references, one of which is a work reference. (References will have known you at least two years and are willing to discuss your character reputation and ethics.)

1. Ms/Mr. \_\_\_\_\_  
Name                                      Address                                      City /State/Zip                                      Telephone Number

2. Ms/Mr. \_\_\_\_\_  
Name                                      Address                                      City /State/Zip                                      Telephone Number

**ACE Mentoring Mentor Interview Questions**

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

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

**How would you describe your family?** \_\_\_\_\_

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**Who is the person in your life that you are closest to?** \_\_\_\_\_

**How would this person describe your personality?** \_\_\_\_\_

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**What motivates you?** \_\_\_\_\_

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**Did you ever have a mentor and do you know any mentors in your life now?** \_\_\_\_\_

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**How open are you to sharing your personal; values and learning about the differences in values of your mentee?** \_\_\_\_\_

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**How do you feel about possible ethnic, religious and/or racial differences between you and your mentee?** \_\_\_\_\_

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**Why do you want to be a mentor?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you understand the commitment involved and realistically believe that you can meet this commitment?** \_\_\_\_\_

**What expectations do you have about the relationship you may have with your mentee?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When matched, how will you seek support for your relationship with your mentee if you need it?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any doubts or concerns about being a mentor?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your hobbies and interests?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are the most convenient times for you to meet with your mentee? Please check all that apply:**

Weekdays: Monday  Tuesday  Wednesday  Thursday  Friday   
Time: (7:30am-2:30pm) \_\_\_\_\_

**Do you have any questions about the program?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACE Mentoring Program Emergency Medical Authorization

Mentor: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

### Emergency Contact Information:

Spouse: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Spouse Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

If unable to reach the above listed spouse, please make an effort to contact the person listed below in case of an emergency:

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

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

In the event of illness or injury requiring emergency treatment, a designated school official and/or school employee shall immediately make every reasonable effort to contact a public or private rescue agency at my expense.

It is understood that nothing in this form shall be construed to impose liability in civil damages on the board of education, school administration, and/or school employee unless gross negligence or wanton or reckless misconduct can be substantiated. It is further understood that information on this form cannot be construed as a condition for mentoring.

Preferred Medical Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital (Unless that is a need for the nearest facility):

\_\_\_\_\_

**Signature of Mentor:** \_\_\_\_\_

# Fingerprinting for ACE Mentoring

Tuesday & Wednesday

8:30am-12pm

2pm-4pm

500 West State Street, Suite A  
Fremont, Ohio

Ask for Desiree Subsura

This  
at no cost  
mentors.



service is  
to