

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: _____

Cell 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: _____

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? _____

Who is the person in your life that you are closest to? _____

How would this person describe your personality? _____

What motivates you? _____

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

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

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

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? _____

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 Program

Any day of the week

8:00am-12pm

2pm-3:30pm

500 West State Street, Suite A
Fremont, Ohio

Please call ahead at 419-332-6454 and
ask for Desiree Subsara

This service is at no cost to mentors.

