



**AMERICAN INDIAN DEVELOPMENT ASSOCIATES (AIDA)
MENTORSHIP APPLICATION**

CONTACT INFORMATION

NAME: _____ ALIAS: _____ SSN: _____
LAST, FIRST, MIDDLE INITIAL

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ GENDER: MALE FEMALE

PERSONAL INFORMATION

DATE OF BIRTH: _____ DL NUMBER: _____ STATE: _____ EXP. DATE _____

Do you have reliable transportation to commute to and from the facility? YES NO

Are you Native American or have tribal affiliation? YES NO If yes, what tribe? _____

Are you a minor under 18 years of age? No, I am 18 years of age or older
 Yes, I am under 18 years of age

Have you ever been convicted of a felony? YES NO
(Note: A 'Yes' answer will not necessarily eliminate you from consideration)

If yes, please describe: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____
LAST, FIRST, MIDDLE INITIAL

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

FOR INTERNAL USE ONLY
DATE RECEIVED BY AIDA:
RECEIVED BY:

REFERENCES

Please provide three personal references excluding family members:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP	Year(s) Known

ADDITIONAL INFORMATION

1. Have you volunteered or participated in a mentorship program in the past? YES NO

2. If yes, what agency did you volunteer or mentor at? *Please provide Date(s) and Contact Information for agency*

3. Do you have any personal hesitation working with incarcerated youth? YES NO

4. What type(s) of hobbies, interest, and/or extracurricular activities do you enjoy? (Check all that apply)

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Baseball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Hiking | <input type="checkbox"/> Rafting | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Motocross |
| <input type="checkbox"/> Mechanics | <input type="checkbox"/> Reading | <input type="checkbox"/> Writing | <input type="checkbox"/> Singing | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Pow Wow Dancing | <input type="checkbox"/> Pow Wow Music | <input type="checkbox"/> Cooking | <input type="checkbox"/> Baking | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Traveling | <input type="checkbox"/> Dancing | <input type="checkbox"/> Weightlifting | <input type="checkbox"/> Movies | <input type="checkbox"/> Music |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Drawing | <input type="checkbox"/> Shopping | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Other: _____ | | | | |

5. As a mentor please check the following services you would be willing to provide to your mentee? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Assist with finding a job | <input type="checkbox"/> Tutoring for school | <input type="checkbox"/> Obtain information about college |
| <input type="checkbox"/> Assist with college enrollment | <input type="checkbox"/> Find Housing | <input type="checkbox"/> Obtain information about trade school |
| <input type="checkbox"/> Apply for Financial Aid for college | <input type="checkbox"/> Money Management | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Help comply with JPPO
(Juvenile Probation Parole Officer) | <input type="checkbox"/> Stay sober | <input type="checkbox"/> Other: _____ |

EDUCATION

NAME AND LOCATION OF SCHOOL	FROM	TO	MAJOR/MINOR	CIRCLE LAST YEAR COMPLETED	DEGREE/DIPLOMA RECEIVED
HIGH SCHOOL				9 10 11 12	
HIGH SCHOOL				9 10 11 12	
COLLEGE/UNIVERSITY				1 2 3 4	
COLLEGE/UNIVERSITY				1 2 3 4	
TECHNICAL/VOCATIONAL/BUSINESS					

General Education Development (GED) Date Obtained:

WORK EXPERIENCE

Begin with current or most recent position:

EMPLOYER'S NAME & ADDRESS:	DATES EMPLOYED – MO/YR FROM TO	JOB TITLE
		REASON FOR LEAVING
SUPERVISOR:	TELEPHONE NUMBER:	
DESCRIBE DUTIES AND RESPONSIBILITIES:		
EMPLOYER'S NAME & ADDRESS:	DATES EMPLOYED – MO/YR FROM TO	JOB TITLE
		REASON FOR LEAVING
SUPERVISOR:	TELEPHONE NUMBER:	
DESCRIBE DUTIES AND RESPONSIBILITIES:		

EMPLOYER'S NAME & ADDRESS:	DATES EMPLOYED – MO/YR FROM TO	JOB TITLE
SUPERVISOR:	TELEPHONE NUMBER:	REASON FOR LEAVING
DESCRIBE DUTIES AND RESPONSIBILITIES:		

I UNDERSTAND AND AGREE THAT SUBMITTING THIS APPLICATION FORM DOES NOT AUTOMATICALLY REGISTER ME AS AN AMERICAN INDIAN DEVELOPMENT ASSOCIATES VOLUNTEER, AND THAT THERE MAY BE CERTAIN QUALIFICATIONS I MUST MEET, INCLUDING THE ACCEPTANCE OF ESTABLISHED VOLUNTEER POLICIES AND PROCEDURES BEFORE I MAY BEGIN VOLUNTEERING. BY SUBMITTING THIS FORM, I ATTEST THE INFORMATION I HAVE PROVIDED ON THE FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date