Perkins Youth School of Theology

Mentor Application

Please print or type.

Name _____

Address _____
City State Zip

Phone _____**Email** _____

Cell Phone_____ **Gender**_____ **Date of Birth**_____

Profession_____

Church/Faith Tradition _____

Church Address _____
City State Zip

Church Phone _____**Web Address/E-mail** _____

Please submit the names of two references. Select persons who know you well and are not family members. Please list their names and contact information below.

Name _____

Phone _____**Email** _____

Relationship to you_____

Name _____

Phone _____**Email** _____

Relationship to you_____

I affirm that all the information listed is correct. I understand the requirements and responsibilities of a mentor and agree to the guidelines and procedures set forth in the Perkins Youth School of Theology program.

Signature_____ Date:_____

MENTOR QUESTIONNAIRE

Please print or type.

Why do you want to volunteer with the Perkins Youth School? What interests you most about the program?

How do you view working with teenagers?

As a mentor, can you meet with your mentee once a month over a period of 24 months?

☐ yes ☐ no If no, please explain.

As a mentor, can you attend a three-hour training session?

☐ **yes** ☐ **no** **If no, please explain.**

List any special skills, abilities, education, training and additional languages that may assist you in your role as a mentor. Please be specific.

If you cannot be matched with the young person you are nominating for the program, would you be interested in mentoring another youth in the program? ☐ yes ☐ no

Martial Status ___Married ___Single Other _____

Do you have any children? ___yes ___ no

Have you ever been involved in, investigated for, arrested and/or convicted of any criminal offense?

___yes ___no If yes, please explain.

Have you ever been convicted in a court of law for physical abuse, sexual abuse or neglect of a child?

___yes ___no If yes, please explain.

Is there anything from your past that would disqualify you from working with youth/teenagers?

___yes ___no If yes, please explain.

Will you submit to a criminal background check? ___ yes ___no

May we contact your current employer? ___yes ___no

Present employer _____

Supervisor _____

Business phone _____ Business e-mail _____

Thank you for your interest in the Perkins Youth School of Theology. You will be contacted within two weeks after your application is received in our office.

PLEASE READ CAREFULLY

Consent for Background Check

We welcome your application to volunteer with a program of SOUTHERN METHODIST UNIVERSITY (“SMU"). You are applying to serve as a mentor for a youth participant in the Perkins Youth School of Theology. In pursuit of that excellence, we require as a condition of retaining your volunteer services that all applicants consent to and authorize verification of the background information submitted on their application.

The results of this verification process will be used to determine eligibility under SMU/Perkins employment/volunteer policies. All results will be proprietary and kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated SMU personnel, unless otherwise required by law to be disclosed.

I, the undersigned, do hereby certify that the information I have provided for the purpose of this position is true and complete to the best of my knowledge. I understand that any false statements may be considered cause to decline my application. I authorize Acxiom and any of its agents/designated SMU personnel, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of SMU.

I have read and understand this consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide Acxiom with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge SMU, its employees, Acxiom, and its associates to the full extent permitted by law from any claims damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from retrieving and reporting information about me. Any information obtained by the investigative agency conducting the background check will be used only in connection with the applicant’s participation in the Perkins Youth School of Theology.

APPLICANT (Please print or type):

_____	_____
Name	Signature
_____	_____
Other Names(s) of Record	Date
_____	_____
Address	City, State, Zip Code
_____	_____
Social Security No.	Driver License Number State
_____	_____
Phone Number	Date of Birth