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# TRUE DIRECTION

## 2018 Mentor Application



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Thank you for your interest in becoming a Mentor through True Direction Mentoring Program. The information on your application will help us to match you with a youth and will be kept confidential.

### Application Checklist:

- Complete Application (this document)
- Print, sign and return AGREEMENT & AUTHORIZATION forms below
- Provide proof of Auto Insurance (Photo Copy)
- Complete Interview with Director
- Complete background check (Required for application)
- Attend Mentor Training

### Return Application:

**Email:** [Vanessa.bayger@co.sargent.nd.us](mailto:Vanessa.bayger@co.sargent.nd.us)

**Drop Off:** Sargent County Sheriff's Department  
355 Main St. S Suite 6  
Forman, ND 58032

**Mail:** True Direction

P.O. Box 112  
Forman, ND 58032

**Questions?** Call 701.680.8168

Your background check must be completed and returned for your application to be processed.

**THANK YOU FOR APPLYING TO BE A TRUE DIRECTION MENTOR!!**

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Are you a licensed driver: Yes or NO

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\*Your driver's license number will be used to run a motor vehicle report, disclosing your driving record.

Have you ever been convicted of a crime? If yes, please describe: \_\_\_\_\_

## FAMILY INFORMATION

Marital Status (Circle One): Single Married Divorced Widowed Living w/ Partner

Spouse/Partner's Name: \_\_\_\_\_

Name/ Ages of Children: \_\_\_\_\_

How long have you lived in this community? : \_\_\_\_\_

What job, family, or living situation do you anticipate in the next 18 months? \_\_\_\_\_

## PERSONAL REFERENCES

True Direction requires personal references as a part of our screening process. Please list the names and addresses of 4 people that we can contact to attest to your ability to be a responsible and positive role model as a mentor. Please do not include relatives or boyfriend/girlfriend.

Name of Reference:

Email:

Phone:

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## MENTORING

How did you hear about our program? \_\_\_\_\_

Have you ever been a mentor with another program before? If yes, which one? \_\_\_\_\_

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Why have you decided to volunteer as a mentor at this time? \_\_\_\_\_

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True Direction requires a one year commitment. Are there any changes that you think may happen? \_\_\_\_\_

What questions do you have regarding our program? \_\_\_\_\_

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Are you available to meet once a week with a youth for a minimum of two hours? \_\_\_\_\_

What is your current work schedule? \_\_\_\_\_

What times work best to schedule to meet with youth? \_\_\_\_\_

Tell us about any previous experiences you have working with or spending time with youth:

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What qualities, skills, or other attributes do you feel you have that would benefit youth in our program? \_\_\_\_\_

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What are your interests, skills, or hobbies? \_\_\_\_\_

\_\_\_\_\_

What preferences do you have regarding who you are matched with? (Ages, Interests, needs, etc) \_\_\_\_\_

\_\_\_\_\_

Are you willing to communicate regularly and openly with program staff, provide regular reports regarding your mentoring activities and receive feedback regarding any difficulties during your participation in the mentoring program? \_\_\_\_\_

Are you able to attend an annual, mandatory mentor training? If yes, when are you available? \_\_\_\_\_