



PLEASE ATTACH COPY OF DRIVER'S LICENSE, STATE ID OR SCHOOL ID

MENTOR APPLICATION

Church Name: _____

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It is being used to help provide a safe and secure environment for those children who participate in our program.

All information provided will be kept in a confidential file in the *Common Grace* office

PERSONAL INFORMATION

Last Name:		Home Phone:	
First Name:		Cell Phone:	
Middle Initial:	___ Male ___ Female	Business Phone:	
Social Security Number:	<i>(Needed for Background Check)</i>	E-mail Address:	
		Birth Date:	
Street Address:		City/State/Zip:	

BACKGROUND

Driver's License Number:		State:	
Have you been charged with any moving violations the past 3 years:	YES	<i>If YES, please describe:</i>	
	NO		
Have you ever been convicted of a criminal offense?	YES	<i>If YES, please describe:</i>	
	NO		
Have you used any illegal drugs?	YES	<i>If YES, please explain:</i>	
	NO		
Have you ever been charged with and/or convicted of child abuse or any crime involving sexual abuse of a minor?		YES	NO

REFERENCES

	Name	Phone	Relationship	Years Known
1				
2				
3				

Applicant's Statement

The information contained in this application is correct and to the best of my knowledge. I authorize my pastor and any references listed on the application to give you any information that they may have regarding my character and fitness for working with children. I understand that *Common Grace* will verify information on this form utilizing the Hawaii State Criminal History Background Check computer program at the State Justice Data Center. I understand that *Common Grace* will verify the information on this form utilizing the National Sex Offender Registry. I release all references from liability for furnishing evaluations provided they do so in good faith and without malice. I waive my right to inspect references provided on my behalf.

Applicant's Name (Please Print)

Applicant's Signature

Date

Date Trained: _____

Trainer: _____



Code of Graceful Conduct

"We want to be warm, but not misunderstood."

***Standard requirements must be learned and followed.
They protect the children, the volunteers, the church, and the school.***

1. Always meet with your child in a public, highly visible location.
2. Never take the child off school property without written parental consent (use Parental Permission Form).
3. Always have current liability insurance if you use your car.
4. When transporting a child 4-7 years old, always ensure that the child uses a booster seat as required by law. For all children, whether in a booster seat or not, ensure that chest and lap seat belts are properly secured.
5. Never take the child to the bathroom 1 on 1.
6. Always inform the school personnel when the child is sick or injured while on school premises. Never administer medicine or drugs.
7. Never break the blood borne pathogen regimen (see video training).**
8. Always respect the school's policies for visitors on campus.
9. No sharing of food on the school campus.
10. No conspicuous gifts on the school campus.
11. Never disappoint a child by not showing up (always call the parent/school in advance if you can't make it to your regular hour).
12. Never speak poorly of the child's family or teacher.
13. Always go directly to your church coordinator with questions or concerns.
14. Always pray for your child before going to your appointed hour.
15. Always be careful not to use "religious" words or expressions on campus.
16. Never take the child to a church function without parental permission.
17. Always be patient and steady, never in a hurry. Be calm. Be lighthearted.
18. Avoid contact with any part of the body normally covered by a swimsuit.
19. Be wise and discreet in displaying affection. Avoid even the "appearance of evil."
(1Thess. 5:22)
20. Love the child. Make it obvious that he or she is your "favorite".

**Blood borne pathogen training is available on Channel 56 (see TV listings for schedule), or on video (ask the school office if they have a copy you can use), or on the internet at <http://www.wetserver.net/teleschool>.

I understand and accept the standard requirements and operating procedures of Common Grace as explained above in the Code of Graceful Conduct.

Name (Print) _____ **Signature** _____ **Date** _____
Church Name: _____

Common Grace

MENTOR'S PERSONAL PROFILE

Please help us to know you better so we can better match you up with our Common Grace children.

Name: _____ Sex (circle): Male Female Age: _____

Church Name: _____

School Name (If High School or College Student): _____

Do you have any children (circle): Yes No If yes, how old are they? _____

Do you have any grandchildren (circle): Yes No If yes, how old are they? _____

I am interested in volunteering to become a mentor because:
My interests/skills/hobbies are:
My preferences for the child to be matched with me are (e.g., age, gender, interests, etc.): <input type="checkbox"/> No preferences
List any disabilities/physical limitations which may limit your interaction with your assigned child.
My prior experiences mentoring children are (include organizations with which you were affiliated):

AVAILABILITY					
<i>Please Mark an "X" on the days available to mentor (if specific time please let us know)</i>					
	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
Lunch Time					
After School					

<i>In the event that I am unable to meet with my Common Grace child, my substitute will be:</i>			
Name:		Phone Number:	
Is this person already a Common Grace mentor?	Yes	No	Not Sure

EMERGENCY CONTACTS	
Name:	
Phone:	
Relationship:	