



(For Office Use Only)
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**MENTOR APPLICATION High School:** \_\_\_\_\_ **Grade:** \_\_\_\_ **SY:** \_\_\_\_

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 our office—Please print neatly!

**PERSONAL INFORMATION**

Last Name:				Home Phone:		
First Name:				Cell Phone:		
Middle Initial:		____ Male ____ Female		Email: (not school emai)		
Birth Date:		Grad Year:		Attended Elementary School:		
Ethnicity: Please specify ethnic origin. <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (please specify):						
Street Address:				City/State/ Zip:		
Emergency contact name:			Relationship to applicant:			Emergency contact phone:
Shirt Size (\$10):			Instagram Name: _____ Follow our Instagram <b>@commongracehawaii</b> for up-to-date information on our program and events.			

# Mentor Profile

<b>Name:</b>	<b>Skills / Hobbies:</b>
	<b>Experience (Degrees / Certifications / All After-School Activities):</b>
<b>Contact Information</b> <ul style="list-style-type: none"><li>• <b>Phone Number:</b></li><li>• <b>Email:</b></li></ul>	<b>Characteristics / Personality:</b>
<b>Likes:</b>	<b>Dislikes:</b>
<b>Why am I a Mentor?</b>	

## Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize my teacher/counselor 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 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.

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Applicant's Name (Please Print)

Applicant's Signature

Date

**PLEASE SUBMIT TO YOUR DISTRICT/ PARTNERSHIP COORDINATOR BY  
1ST TRAINING SESSION.**



**Parent Permission and Media Release Form**

**Mentorship Permission**

I'm happy to give permission for my teenager \_\_\_\_\_ to  
(print name)

be a mentor to an elementary school child for the school year \_\_\_\_\_.  
(Year)

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Parent Contact Info**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Media Release**

I give permission for Mālāma Mentors and its partners to use recorded film, still images, or audio of my child in promotional materials to further the program at other elementary schools.

\_\_\_\_\_  
**Parent/Guardian Initials**

\_\_\_\_\_  
**Date**

**\*Note:** If student is 18 years of age or older, student may sign for him/herself.

**Contact your Partnership/ District Coordinator for any questions!**



## CONFIDENTIAL MEDICAL INFORMATION & TRANSPORTATION WAIVER

I give my permission to (please check all that apply):

- Common Grace volunteers
- Common Grace staff
- High School Mentors

to transport my teen from their high school to the middle school and back (as needed) in order to participate in mentorship activities. All vehicles used will be insured and in proper working order. All drivers are required to have a valid driver's license (full license – not provisional) and must pass Common Grace's driving abstract requirements.

In case of medical or dental emergency, I understand that every effort will be made to contact me. If unable to contact me, contact the individual designated above. If unable to contact me, or the designated individual, I hereby give permission to the above-mentioned volunteer mentor to secure treatment for my child from the physician/medical facility indicated below. If unable to secure medical-related services from the indicated physician/medical facility, I authorize the volunteer mentor to secure treatment from another physician/medical facility. As the parent or legal guardian, I will assume all costs for medical-related services rendered on behalf of my child.

Child's Medical Insurance Carrier: \_\_\_\_\_ ☒ None

Child's Physician/Medical Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Parent or Legal Guardian's name (print):**

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**Parent or Legal Guardian's name (signature):**



# CONFIDENTIAL Teacher/Counselor Recommendation

Common Grace  
P.O. Box 31116  
Honolulu, HI 96820

Dear Common Grace,

I am recommending \_\_\_\_\_ (student name) as a mentor from  
\_\_\_\_\_ (High School name).

I have known the applicant for \_\_\_\_\_ months. I have faith in his/her moral foundation and believe that he/she is of sound character. I believe as a Mālama mentor, he/she is capable of working directly with children on a one to one basis, and he/she will be a caring, nurturing, mature person and positive role model and friend.

**My recommendation as a teacher/counselor:** (initial that which applies)

\_\_\_\_\_ Comes **WITHOUT RESERVATIONS**.

\_\_\_\_\_ Comes **WITH RESERVATIONS**. (Reservations can be stated on a separate sheet or called in confidentially)

\_\_\_\_\_ **I CANNOT MAKE A RECOMMENDATION** at this time. (Reasons optional but should be discussed personally with applicant.)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position at High School

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date