



One Wyoming 1 on 1 Mentor Application

Godwin Heights, Godfrey-Lee, Kelloggsville, and Wyoming Public School Districts

Name: _____		Date: _____	
Home Address:			
Street Address _____	City _____	State _____	Postal Code _____
Home #: _____	Cell #: _____	E-mail Address: _____	
Affiliation/Employer: _____		Title/Position Held: _____	

1. Do you have any previous experience volunteering or working with youth? If so, please specify. _____

2. What strengths would make you a good mentor? _____

3. I prefer to be paired-up with a mentee in:
 ___ Grades K-3 at _____ school ___ Grades 6-8 at _____ school
 ___ Grades 4-5 at _____ school ___ Grades 9-12 at _____ school
4. Do you speak any languages other than English? Please specify. _____
5. How do you identify yourself including, but not limited to, religious and ethnic heritage? (optional) _____

6. What are your hobbies and interests? _____

7. What training or assistance could One Wyoming 1ON1 provide you to help you be a better mentor? _____

8. What are the most convenient times for you to meet with your mentee? Please check all that apply.
 After School: ___ Evenings: ___ Weekends: ___ During School Lunch: ___ Before School: ___

Background Screening : Please complete the following information for the sole reference of One Wyoming 1 ON 1.

Name: _____	
If you have changed your name, please provide us with your previous name: _____	
Gender: _____	Birth Date: _____ Driver's License Number: _____
Have you ever been convicted of a crime? [] Yes. [] No.	
If you have been convicted, please provide details (date, charge, disposition): _____	
Signature: _____	Date: _____
By signing this you are authorizing the school district to do a criminal history check	

After the background screening is approved, we will e-mail you about the training meeting schedule for July, August, and September; also on the website.

**Please mail completed form to: P.O. Box 9745 Wyoming, Michigan 49509-9745 or
Apply online: www.onewyoming1on1.org**