

## **Application Instructions**

1. Please print and complete the following application.
2. Submit your Application to Hope House of Colorado:

Place Attention to Lynn Martinez

Fax#: 303-439-2136

Or

Attn: Lynn Martinez

Hope House of Colorado

P.O. Box 740568

Arvada, CO 80006

3. Once submitted, your application will be reviewed and you will be contacted within 3 business days.

*HOPE FOR THE PRESENT, PLANS FOR THE FUTURE, A PROMISE FOR ETERNITY.*

*HOPE HOUSE OF COLORADO*

*P.O. BOX 740568 ARVADA CO 80006*

*303.429.1012*

**Thank you so much for your interest in becoming a Mentor for Hope House of Colorado. We are looking forward to working with you!**

Our Mentoring Program is designed to help a teen mom become more self-sufficient with the on-going support of a caring adult, a Mentor. Mentors will be working one-on-one with a teen mom as they help guide them through a series of planned meetings.

Mentors will be asked to:

- Attend a training held by Hope House
- Copy of proof of car insurance and driver's license
- Schedule a meeting with a teen mom that we have matched you with once a week(1-2 hours)
- Initiate on-going contact with your teen mom (phone, email, etc)
- Attend scheduled Mentoring meetings
- Be in regular contact with the Mentoring Coordinator
- Make a **12 Month** commitment

It is through this program that we will bring HOPE to a teen-mom and her children. You will be a catalyst for change in their lives.

This volunteer position will require an investment of your time and energy, so please prayerfully consider this when you are making a decision about becoming involved.

Please call me with any questions that you might have. I would be glad to talk to you. Thank you so much for considering this important role! Enclosed is the application for the program. If you feel that this position would be a good fit for you, **please complete the application as soon as possible and send it back along with a copy of your drivers license and proof of your current car insurance.** I look forward to hearing from you. Thank you for considering this important program.

*Lynn Martinez/Mentoring Program Coordinator*

*Hope House of Colorado*

*303.429.1012 (W) or 303.594.9706 (C)*

*lynn@hopehouseofcolorado.org*

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# Hope House

OF COLORADO

## Mentor Application

Thank you for your interest in becoming a Mentor. The information that you provide will allow us to complete your background check, and help us match you with a teen mom.

**ALL INFORMATION WILL BE KEPT CONFIDENTIAL**

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

**Legal Name:**

\_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Social Security Number:**

\_\_\_\_\_

**Street**

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

\_\_\_\_\_

**How long at this address?** \_\_\_\_\_ **If less than five years, please give previous address and number of years below:**

\_\_\_\_\_

\_\_\_\_ **Years** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**(C)** \_\_\_\_\_

**Email:** \_\_\_\_\_  
\_\_\_\_\_

**Marital Status** (Please circle): SINGLE MARRIED DIVORCED  
WIDOWED

**Ethnic Origin** (Please circle): AFRICAN AMERICAN HISPANIC  
CAUCASIAN ASIAN

**OTHER:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Languages** (other than  
English): \_\_\_\_\_

**Occupation:** \_\_\_\_\_  
\_\_\_\_\_

**Employer:** \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

**Name:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Please circle words that describe your personality:**

<b>SPIRITUAL</b>	<b>SENSITIVE</b>	<b>QUIET</b>	<b>OUTGOING</b>
<b>ADVENTURUSOME</b>	<b>HAPPY</b>	<b>SHY</b>	<b>TALKATIVE</b>
<b>CONFIDENT</b>	<b>MOODY</b>	<b>NERVOUS</b>	<b>FRIENDLY</b>
<b>ENTHUSIASTIC</b>	<b>IMPATIENT</b>	<b>IMPULSIVE</b>	<b>SERIOUS</b>
<b>GOOD-NATURED</b>	<b>ASSERTIVE</b>	<b>BOLD</b>	<b>CHEERFUL</b>

**OTHER:** \_\_\_\_\_

\_\_\_\_\_

**Please list any special interests, skills, hobbies or areas of expertise:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Please list examples of any prior volunteer experience with teenagers:**

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**How did you find out about Hope House of Colorado?**

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**Why would you like to volunteer to work with teen mothers and their children?**

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**Do you have a personal relationship with Jesus Christ?** \_\_\_\_\_

**Describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you a regular attendee at a church? \_\_\_\_\_ If yes, which church do you attend?** \_\_\_\_\_  
\_\_\_\_\_

**Please share your testimony with us:** \_\_\_\_\_  
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**The questions below are part of the process to help provide a safe and secure environment for our teen mother's. All information is held in strict confidentiality by the Mentoring Program Coordinator, Program Director and Executive Director. It is our desire to work with you and have you be a part of this rewarding program.**

**Describe your use of alcohol and or drugs:** \_\_\_\_\_

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**What is your current state of health? Do you have any physical impairment?**

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**Have you ever been a victim of physical, sexual, or emotional abuse?**

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**Have you ever been involved in a case of child abuse or child neglect?**

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**Have you ever been accused or convicted of the use or sale of illegal drugs?**

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**Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse?**

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**Have you ever been convicted of a misdemeanor or a felony?** \_\_\_\_\_

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**We conduct background checks on all applicants. Do you have any objections?** \_\_\_\_\_ **If you answered yes to any of the above questions , please explain:**

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**Is there anything else we need to know about you.** \_\_\_\_\_

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**I hereby affirm that all the information provided is true to the best of my knowledge. I understand that any false information or misleading information on the application will be grounds for this application process to be terminated.**

**I understand that any information obtained by Hope House during the application process will remain confidential.**

**I certify that I have made no willful misrepresentations or omissions in this application, and that the entries made by me above are true, complete and correct tot the best of my knowledge. Any willful misrepresentation or falsification of this application will cause my disqualification for participation in the projects and /or immediate termination if discovered later.**

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

**Signature:** \_\_\_\_\_

I have included a current copy of my driver's license.

I have included a current copy of my automobile insurance.

### **Release Form for Background Check**

**I hereby release Hope House of Colorado and its staff to obtain a copy of my criminal background check. I understand that Hope House of Colorado and its staff will keep confidential all of the information obtained in the criminal background check. I also understand that said information will be used in the determination of my acceptance as a volunteer for Hope House of Colorado, and may be cause for denial of my application.**

**Signature:** \_\_\_\_\_

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