City of Rockville
Rise Together

HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT
COMMUNITY SERVICES DIVISION
MENTORING PROGRAM APPLICATION

Name						
Phone	**Work**		**Cell**		**Home**	
Email				**Preferred method of communication**		
Address						
City		**State**		**Zip code**		
Age	☐ 18 or under	☐ 19 or over	**Sex**	☐ Male	☐ Female	

All mentor applicants must be at least 16 years of age.

1. Current Occupation (please name and describe)	
2. Other Interests	
3. Educational Background (please include schools and degrees)	
4. Describe your life experiences, work or volunteer, which will assist you in mentoring	
5. Please explain why you want to be a mentor	
6. What would you hope to give to your mentee?	

7. Time availability: You will be expected to meet with your mentee(s) Monday, Tuesday, Wednesday or Thursday after school. Please indicate which day/time you prefer:			
Tuesday ☐ 8:00 – 9:00 AM *Please arrive at 8:00 A.M.*	Tuesday ☐ 3:30 – 4:30 PM *Please arrive at 3:25 PM.*	Wednesdays ☐ 3:30 – 4:30 pm *Please arrive at 3:20 PM.*	Thursdays ☐ 3:30 – 4:30 pm *Please arrive at 3:25 PM*
8. Have you ever been convicted of a crime?		☐ Yes	☐ No
If yes, please explain:			
9. How did you find out about our program?			
10. Please provide the contact information for three persons who have known you for at least one (1) year and well enough to vouch for your character, reputation, and morals. If you are employed, one of these persons must be your employer or supervisor. References will remain strictly confidential.			
Reference 1			
Name		**Daytime phone**	
Email		**Relationship to applicant**	
Address			
Reference 2			
Name		**Daytime phone**	
Email		**Relationship to applicant**	
Address			
Reference 3			
Name		**Daytime phone**	
Email		**Relationship to applicant**	
Address			

The above information is true to the best of my knowledge. I grant permission to the City of Rockville to verify any of the information provided. I also agree to fingerprinting, a criminal background check, and a child welfare check. I understand that completion of the application and background check is not a guarantee of acceptance into the program.

Signature _____ Date _____

Please scan your signed application and email it to crucker**@rockvillemd.gov** or mail it to:
Community Services Program Coordinator
Community Services Division
City of Rockville

111 Maryland Avenue
Rockville, MD 20850

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Mentor Agreement

As a mentor with the City of Rockville Mentoring program, I agree to:

- Demonstrate consistency and predictability by keeping weekly scheduled mentoring sessions and letting him/her know ahead of time if I am unable to do as planned.
- Show sensitivity to my mentee's needs, and always act in his/her best interest.
- Model positive behaviors.
- Discuss problems with my mentee and contact the mentoring program or designated school staff for assistance whenever necessary.
- Notify the mentoring program coordinator of change in contact information.
- Notify the mentoring program coordinator as far ahead of time as possible when I must end the mentoring relationship.
- Observe the established boundaries of the City of Rockville Mentoring Program. This program is limited to meeting with the mentee each week at the designated school location and time frame.

_____ (please initial) I understand that upon end of the mentoring program, future contact with my mentee is beyond the scope of the City of Rockville Mentoring Program and may happen only by the mutual consensus of the mentor, the mentee, and the parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

_____
Name (please print)

_____
Signature

_____
Date