

# *First Exposures:*

## *Youth Opportunities Through Photography*

### **Mentor Application Form** *(please type or print clearly)*

Thank you for taking the necessary time to complete this application to become a mentor in First Exposures. This form is the first step in the application process. It is also used to help match mentors with students.

Today's date \_\_\_\_\_

#### **1. BACKGROUND INFORMATION**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address *(if different from above)* \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Fax/Cell Phone: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Which is the easiest way to regularly contact you?**

**circle one: (work, home, email, cell, other [explain below] )**

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Previous Last Names Used: \_\_\_\_\_

#### **2. RESIDENCES**

Please list residences in the last 5 years:

Address/City/State	Dates
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

**3. EDUCATION**

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ Graduated? \_\_\_\_\_

Post-High School:

\_\_\_\_\_  
School Major Dates Attended Degree

\_\_\_\_\_  
School Major Dates Attended Degree

\_\_\_\_\_  
School Major Dates Attended Degree

**4. MILITARY SERVICE**

Branch Dates Type of Discharge

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. JOB HISTORY**

Present Occupation: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Work Days and Hours: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_ Name of Supervisor: \_\_\_\_\_

May we call you at work? \_\_\_\_\_

If not, why? \_\_\_\_\_

*This agency may be contacting your employer as a reference.*

Is there is any reason that you would not want us to contact your employer? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**Last 2 jobs:**

Position: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_ Name of Supervisor: \_\_\_\_\_

May we contact this employer as a reference? \_\_\_\_\_

If not, why? \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_ Name of Supervisor: \_\_\_\_\_

May we contact this employer as a reference? \_\_\_\_\_

If not, why? \_\_\_\_\_

**6. ANTICIPATED FUTURE CHANGES**

Do you know or have any reasonable expectation of any future changes in your family status, vocation, or residence: \_\_\_\_\_

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

**7. PREVIOUS APPLICATION**

Have you ever previously applied to be a volunteer with First Exposures? **Y/N**

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

**8. MEDICAL HISTORY**

Major Illness/Medical Problems	Treatment	Dates
_____		

Do you take any special medication? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

Have you ever sought counseling or psychological treatment of any type? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever had any problems with the use of alcohol or drugs? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

**9. TRANSPORTATION**

Are you a licensed driver? \_\_\_\_\_

If yes, do you have your own transportation? \_\_\_\_\_

Driver's license or other ID# \_\_\_\_\_

Do you carry liability insurance? **Y/N**

*First Exposures will need a copy of your insurance certificate for our files.*

Driving Record (Must be completed, in addition to driving record submission)

Infraction	Date
_____	_____
_____	_____

First Exposures will need a copy of your driving record. You can obtain a copy at any DMV office.

Are you willing and/or able to help *First Exposures* with young person transport? **Y/N**  
*(DRIVERS MUST CARRY PERSONAL LIABILITY AND PROPERTY INSURANCE TO DO SO).*

## 10. REFERENCES

List 4 references, including 1 relative, 1 professional, and 2 friends you have known for at least 2 years.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

## 11. LEGAL HISTORY

Have you ever been arrested? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

Offense	Date	Action

Have you ever been investigated and/or charged with child abuse or neglect? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

Have you ever been investigated for and/or charged with crimes against children? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

Have you ever been investigated for and/or charged with assault? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

Have you ever been investigated for and/or charged with any other offenses? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

First Exposures mentors, like most youth service providers, are fingerprinted. Do you object to First Exposures checking with the appropriate public authorities (eg. police, courts and DMV, etc.) for matters of public record regarding your criminal background or history? *(If you object to this please explain on a separate sheet of paper)* Y/N

## **12. PERSONAL DATA**

What are some of the values and beliefs that are of special importance to you?

How do you feel these relate to working with young people?

Please list hobbies and activities that you enjoy.

Do you have any special training or skills?

Please list language skills.

Please list any professional memberships, community organization affiliations, etc.

Please describe any paid or volunteer experiences you have had as a teacher or educator.

### **Photography Experience:**

Do you have an academic background in photography? If yes, please describe.

Do you have a professional background in photography? If yes, what is it?

Do you have an artistic background in photography? If any, what is your experience?

Please describe your darkroom or digital photography experience and any related technical or lab experience that you may have had.

What role did photography or other art forms play in your life as a child or teenager?

**Working With Youth:**

Please describe any paid or volunteer experience you have had working with youth.

Have you raised or helped to raise young people in your family or a friend's family?

What kinds of youth oriented activities do you like to spend time doing?

Describe any experience that you may have had with underserved or disadvantaged youth.

What do you think are the best and worst things about being 14 years old?

**Mentoring:**

Have you ever had a mentor yourself?

How would you describe a mentor?

Why do you want to be a mentor?

Would being a mentor contribute to any long-term goals (both professional or personal) that you may have? Please explain.

What do you think will be the biggest obstacle to overcome when trying to establish a relationship with a young person whose background may differ from yours?

**More Questions:**

How did you hear about First Exposures?

How would you describe your ethnic or cultural background?

Describe any kind of experiences that you have had working with low income and/or underserved communities

Do you have any volunteer experience that is not related to education or youth?

Mentors are encouraged to help with the syllabus and actual teaching of the classes. Are you interested in leading class discussions at least once a semester? **Y/N**  
If Yes, any subjects in particular?

Would you prefer to work with someone aged **11 - 13** or **13 – 18** or **no preference**? *(Circle one)*  
*Why?*

Are you able to commit to attending a 3-4 hour new mentor orientation and one training seminar near the beginning of each semester?  
*(At least two weeks notice for the training seminar)* **Y/N**

Are you able to commit to the regular weekly, four and a half hour class meetings?  
**(Saturdays, 10:00 – 2:30 PM, every weekend except public school holidays corresponding roughly to the school year)** **Y/N**

Are you able to commit to attending approximately one additional meeting/ training seminar per semester (as needed for planning, review, etc.)? **(There would be advance notice.)**  
**Y/N**

Do you have any additional comments or information, which could be helpful while reviewing your application?

We have recently made improvements to our application process and would appreciate any comments or suggestions. *(feel free to write on the back or on another sheet of paper)*

**PLEASE READ BEFORE SIGNING**

First Exposures does not discriminate according to race, religion, physical handicap, sex preference or economic status.

I hereby apply for membership as a volunteer in First Exposures. I understand First Exposures will interview me about my background, motivation, expectations, and other personal qualities that might have a bearing on whether I would be an appropriate volunteer. I agree to provide First Exposures with a copy of my driving record from the DMV and with proof of automobile insurance. I further agree to undergo a fingerprint check so that First Exposures can do a criminal background check. I understand that First Exposures will review references and will investigate any and all facts concerning my qualifications for becoming a volunteer. I certify that all of the information provided by me in this application is complete, true, and accurate. I acknowledge that intentional omission or falsification of information will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

I understand that First Exposures has to take the best interests of the children into consideration first. Further, I understand that I am not obligated, if called upon, to perform the volunteer services applied for and First Exposures is not obligated to assign or to actively seek to assign me to a volunteer position.

I understand that the statements I make to the staff of First Exposures will be held confidential within the agency, unless disclosure is required by law. Specifically, I understand that incidents of child abuse and molest, past or present, or threat of harm to oneself or others are issues that must be reported to proper authorities.

I understand that certain information about me will be discussed with the parent/guardian of the child with whom I am matched. If there are things about me that I do not want repeated, it is my responsibility to discuss this with the First Exposures staff.

I agree to keep information discussed with me regarding a potential any student confidential. I will not discuss this information with any other person other than the assigned professional staff of First Exposures.

I understand that my application will not be considered unless it is complete and signed and until the required supplemental information is submitted and completed.

I agree to notify First Exposures immediately of any changes in the information provided in the application process, including, but not limited to legal status, driving record, job change, address change, telephone, name change, or marital status.

***This application and any additional information gathered will remain the property of First Exposures.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_