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? _____
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? _____
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 Expsoures 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?____
(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 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 at-risk 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 at-risk 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: _____