



My Father's House Foundation, Inc.  
P.O. Box 2705  
Birmingham, Alabama 35222-2705  
205-595-2762 or 205-919-1761



My Father's House Foundation's S.T.A.R.S. Mentor Application

Name \_\_\_\_\_

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

Telephone Numbers: Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_

Do you have children? \_\_\_ Yes \_\_\_ No If yes, how many and what are their ages and genders? \_\_\_\_\_

**Employment History:**

Please provide employment information for the past five years, with most recent position held first. If more space is needed, please write on the back of this page.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/y)

Position Held: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/y)

Position Held: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/y)

Position Held: \_\_\_\_\_

Please give the name and contact information for two people, other than relatives, that we contact as part of our required background check:

_____	_____
_____	_____
_____	_____

**Application Questions:**

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to be a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit youth?
4. Can you commit to participate in My Father's House S.T.A.R.S. Mentoring Program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child eight (8) hours per month and have contact at least once per week? Please explain any particular scheduling issues.
6. Describe your general health. Are you currently under a physician's care or taking any medications? If so please explain.
7. How would you describe yourself as a person?
8. How would your friends, family, and co-workers describe you?
9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

10. Have you ever used illegal drugs? If so, what substances were used and how often?
11. Are you currently using any illegal drugs or controlled substances?
12. Do you drink alcoholic beverages? If so, what and how often?
13. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?
14. Do you use tobacco products? If so, what and how often?
15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
18. Have you ever been investigated or convicted of child sexual abuse or molestation?
19. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?
20. Are you willing to attend an initial training session and two inservice training sessions per year?

Please read this carefully before signing: My Father's House appreciates your interest in the S.T.A.R.S. Mentoring Program.

Please initial each of the following:

\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I understand that My Father's House Foundation's S.T.A.R.S. Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ (optional) I agree to allow My Father's House Foundation's S.T.A.R.S. Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following completed items along with this application and that any incomplete information will result in the delay of my application being processed:

- Copy your valid driver's license and proof of insurance
- Information release form
- Personal information release form
- Interest Survey Form
- DMV Release Form (state agency form)
- Criminal History Release Form ( state agency form)
- Child Abuse and Neglect Release Form ( state agency form)
- Sexual Offender Release Form ( state agency form)

By signing below, I attest to the truthfulness of all information listed on this application and agree to all of the terms and conditions. As part of the required process to work with children, it will be necessary for you to be fingered printed and to undergo a criminal background check. This will be done by the Birmingham Police Department at no cost to you. If you agree, please sign below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return or mail this application and the items listed above to:

My Father's House Foundation  
PO Box 2705  
Birmingham, Alabama 35222-2705

Attn: MFHF Program Director