

## **Start the Cycle Mentor Application**

### **Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Personal phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender: • Male • Female

### **Current Employment**

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

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

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

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

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

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

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

### **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 become 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 a youth? Please explain.
4. Can you commit to participate in the Start the Cycle mentoring program for a minimum of a program season?
5. Do you foresee any scheduling issues during the season? If so, please explain.
6. Describe your skill level in cycling.
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. Are you currently using any illegal drugs or controlled substances?
11. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
12. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
13. 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?
14. Are you willing to attend an initial mentor training session and in-service training sessions as appropriate?



**Please read this carefully before signing:**

Start the Cycle appreciates your interest in becoming a mentor.

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 Start the Cycle is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ (optional) I agree to allow Start the Cycle 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 of your valid driver’s license or identification
- Information Release Form
- Personal References Form
- Background Check Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return or mail this application and the items listed above to  
Start the Cycle, P.O. Box 815, Marquette MI 49855.

## Information Release

I, \_\_\_\_\_ (full first, middle, last name), authorize Start the Cycle to conduct a background check regarding my criminal history, Motor Vehicle Record, personal/character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. I understand that Start the Cycle may conduct background checks throughout the course of my volunteer service. I will allow any necessary reports to be released to Start the Cycle and our insurance company provider for underwriting purposes. Further, I provide permission for Start the Cycle to conduct the same investigation of my background in previous states in which I have resided.

I understand that Start the Cycle maintains the right to terminate my service based on information obtained from any of the above background checks, and that this agreement will be valid throughout the duration of my volunteer service.

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

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Please list any other cities, states, and dates of residency during the past 10 years.

_____	_____	_____	_____
City	State	From (m/year)	To (m/year)

_____	_____	_____	_____
City	State	From (m/year)	To (m/year)

_____	_____	_____	_____
City	State	From (m/year)	To (m/year)

FOR OFFICE USE ONLY: Form Accepted by: _____ Background Check Completed by: _____ Background Check Completed on: _____
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## Personal Reference

Please list the name, address, and phone number of someone you would like to use as character references (only someone you have known for at least a year). Any information Start the Cycle gathers from these references will be held as confidential and not released to you, the applicant.

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

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

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

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

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_