

A decorative graphic at the top left of the page, consisting of a blue arrow pointing right, with a green arrow pointing right inside it, creating a layered effect.

Dear Older Adult Mentor,

Thank you for your interest in applying to be a part of the Mutual Mentoring program.

Please complete this application and return it to our office.

You can return it by:

- Electronically filling out the application and emailing the completed version to [info@mentornorth.org](mailto:info@mentornorth.org)
- Printing the application and mailing the completed document to this address:  
Mentor North  
206 W 4th St, Suite 202  
Duluth, MN 55806

Should you have any questions or need additional assistance with completing the application, please contact a member of the Mentor North team at 218-722-3600.

**Once we receive your application, we will be in contact with you for next steps regarding your screening.**

Mentoring is a deeply rewarding and powerful experience. We are excited to see your application and connect!

Sincerely,

Mentor North  
P: 218-722-3600 (general line)



## Older Adult Mentor (OAM) Volunteer Application

Mentor North continually strives to advance equity and diversity within ourselves and our community. We engage in anti-oppressive practices that work toward eliminating prejudice, racism, and discrimination of marginalized groups. We stand in support of LGBTQ+, Black, Indigenous, and People of Color.

**Our goal is to create a vibrant and inclusive mentorship community.**

NAME: \_\_\_\_\_  
                                    First                                    Middle                                    Last

PRONOUNS (examples: she/her, he/his,they/them, other): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
                                    No. and Street                                    City                                    State                                    Zip

How long have you lived in the Twin Ports area? \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

What is your preferred method of contact? (phone call, email, text): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**The following information is for statistical records and grant eligibility and has no bearing on service or acceptance.**

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

**Race and Ethnicity: (please check all that apply)**

- \_\_\_\_\_ White
- \_\_\_\_\_ Black/African American
- \_\_\_\_\_ Asian
- \_\_\_\_\_ American Indian
- \_\_\_\_\_ Native Hawaiian/Pacific Islander
- \_\_\_\_\_ Hispanic Ethnicity
- \_\_\_\_\_ \_\_\_\_\_

Are there any accommodations that we can make to help you serve in a mentoring role?  
\_\_\_\_\_

Do you sincerely feel you can meet with a young adult mentor once a week for one hour, for at least 8-9 months? \_\_\_\_\_

## REFERENCES

Please list the names and contact information for four people who can vouch for your reputation and character and who have known you for at least 1-2 years. References may include places of employment and/or volunteer experiences.

**Personal References:** When listing personal references, please use the name of people who have seen you work with others. If you know the best time to reach them, please also include that information.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

**Family Reference:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

**Employer, Volunteer or Supervisor Reference:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

**\*\* Please notify your references and encourage them to return our calls as soon as possible after receiving them.**

## MENTOR QUESTIONNAIRE

Why do you want to be a mentor? What are your goals for your mentoring relationship?

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What are your expectations of a mentoring relationship?

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Describe your experience working with others. What skills do you have working with others that will influence a mentoring relationship?

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Describe your work/volunteer/community experience the past five years:

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How do you want to participate in your match?

Check all that apply:

- In Person  
 Phone Calls  
 Virtual Meetings (Zoom, etc.)

What concerns do you have about being a mentor in this program? Describe any situation you would feel uncomfortable working with:

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## CRIMINAL HISTORY

*Past criminal history is a consideration of the application process. It does not automatically disqualify you to be a mentor.*

Please list any past criminal behaviors:

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## MATCHING GUIDE

Are there any activities you want to participate in with your match? (ex: cooking, playing games, crafting, etc.)

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How do you spend your personal leisure time?

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Do you belong to a spiritual, religious or faith-based community? Are you involved with clubs or organizations? Would this influence a mentoring relationship?

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Do you have any preferences or characteristics of a young mentor that you feel would contribute to the success of the match?

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Please list any personality traits you would be an especially good match with and any personality traits you would be uncomfortable working with.

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Is there anything else we should know about you to make the best match possible?

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### **VOLUNTEER POLICY AND PROFILE**

The undersigned acknowledges and agrees that: 1) I am not obligated, if called upon, to perform the volunteer services herein applied for and that the agency is not obligated to assign, or actively seek to assign, me a mentoring relationship, 2) As part of the agency's assessment process, additional personal information may be elicited from the applicant by professional agency personnel, 3) I agree to contact Mentor North if any critical information (i.e. license revocation, DUI's, criminal charges and/or convictions) occur after I have become part of any of Mentor North's programs.

By signing below, I acknowledge and agree to the above statement, and certify that the information contained in this document is complete and correct.

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