



# Little Rock Police Athletic League



## PAL Mentor Application

(please type or print)

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone \_\_\_\_\_ Home E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Business e-mail \_\_\_\_\_

Preferred Day (Mon-Sat) Choice #1 \_\_\_\_\_ Choice #2 \_\_\_\_\_

Best Time of Day to mentor (Check all that apply) \_\_\_\_\_ morning \_\_\_\_\_ afternoon \_\_\_\_\_ evening

Do you prefer to be matched with: (check one) \_\_\_\_\_ A Boy \_\_\_\_\_ A Girl \_\_\_\_\_ No Preference

Write a brief statement on why you wish to be a mentor in the National PAL Mentoring Program. (On a separate sheet of paper or back of application)

Describe special interests / hobbies which may be helpful in matching you with a mentee (e.g. cooking, crafts, career interests, games, sports, computers, art, needlepoint, languages, music, and painting): (On a separate sheet of paper or back of application)

I would like to work with a (check) \_\_\_\_\_ younger youth \_\_\_\_\_ older youth \_\_\_\_\_ no preference

List the addresses where you have lived for the last five years (begin with the most recent after the current address listed above):

Dates \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Dates \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Dates \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_





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## Mentor Profile

National PAL Mentoring Program

1. Name: \_\_\_\_\_ Gender:  Female  Male  
Age range:  21-30  31-40  41-50  51-60  61-70  70+
2. Highest level of education: \_\_\_\_\_
3. Name the languages you speak: \_\_\_\_\_
4. School subjects you really like: \_\_\_\_\_
5. School subjects you dislike: \_\_\_\_\_
6. List 3 favorite activities outside of work: \_\_\_\_\_  
\_\_\_\_\_
7. 3 activities you would like to explore with a mentee: \_\_\_\_\_  
\_\_\_\_\_
8. 3 things that you feel confident in teaching your mentee: \_\_\_\_\_  
\_\_\_\_\_
9. 3 careers you could help your mentee learn more about: \_\_\_\_\_  
\_\_\_\_\_
10. If you could grow up to be like anyone who would it be? \_\_\_\_\_  
Why in one sentence or less. \_\_\_\_\_  
\_\_\_\_\_
11. Name your favorite:  
Song \_\_\_\_\_ TV Show \_\_\_\_\_ Sport \_\_\_\_\_  
Movie \_\_\_\_\_ Game \_\_\_\_\_ Food \_\_\_\_\_





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## Mentor Personal/Employment History and Release Statement

Please provide three personal references (other than family members):

- Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### EMPLOYMENT HISTORY

List the last three places of employment with the most recent first:

- Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_
- Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_
- Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_

### Mentor Release Statement

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and revelations of the National PAL Mentoring Program at the PAL Chapter (hereafter known as the "Chapter"). I understand that the program involves spending a minimum of one hour/week at the Chapter. I am not allowed to take the youth away from the Chapter's designated meeting place without clearing it with the National PAL Mentoring Program Coordinator. Further, I understand that I will attend a training session, keep in regular contact with my mentee and communicate with PAL staff regularly during this period. I am willing to commit to one year in the program and then might be asked to renew for another year.

I have not been convicted, within the past ten years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state of federally controlled substance. I am not under current indictment.

Further, I hereby fully release, discharge and hold harmless the PAL Chapter, participating organizations and all of the fore going's employees, officers, directors, and coordinators from any and all liability, claims, causes of action, costs and expenses which may be or may at any time hereafter become attributable to my participation in the Mentoring Program.

I understand that the PAL staff reserves the right to terminate a mentor from the program. The program takes place only at the site designated by the PAL Chapter and does not encourage or approve relationships established between mentor/mentee and family members beyond the organized and supervised activities of the program. I give permission for program staff to conduct a criminal background check as part of the screening for entrance into the program. This includes verification of personal and employment references as well as a criminal check with authorities. Program staff has final right of acceptance of applicant into the program and reserves the right to terminate a mentor from the program at any time. I have read this Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

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





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## Mentor Agreement

As a volunteer mentor in the National PAL Mentoring Program,

I, \_\_\_\_\_  
Print Mentor Name

AGREE TO: *(Please initial the following)*

- Attend a training session before beginning in the program
- Be on time for scheduled meetings
- Notify the Chapter of I must cancel my meeting
- Engage in the relationship with an open mind
- Accept assistance from PAL and its mentoring staff
- Keep discussions with my mentee confidential
- Ask staff when I need assistance or have questions
- Notify the Chapter of any changes in my employment, address, and telephone number
- Notify the PAL first of any desire to terminate the relationship with my mentee

\_\_\_\_\_  
(Mentor Signature)

\_\_\_\_\_  
(Date)

