



Rites of Passage

MENTOR Application Form

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Alternate Phone: () _____

Cell Phone: () _____ Email Address: _____

Twitter Account: _____

Mail to: The Rites of Passage (ROP), P.O. Box 72053, Durham, NC 27722
OR call (919) 683-1047 OR email information to: theritesofpassage@gmail.com

- Why have you chosen to volunteer for the Rites of Passage? _____
- What are your expectations of Rites of Passage? _____
- What are some of the major skills you can offer in mentoring a youth? _____
- Do you have any problems we need to know about that may be relevant to your mentoring a minor?

- Do you have an circumstance we should know including (e.g., health, medical issues/medicines, physical considerations, legal, employment, etc.) _____ How did you find out about Rites of Passage? _____ Have you ever been arrested, had any child abuse, domestic violence, or felony charges? Yes ☐ No ☐ Explain: _____
_____. Would you agree to a background check? Yes ☐ No ☐
- The Rites of Passage is a nine-month program that requires Mentors to attend regular meetings held twice a month, to support Initiate at other times during the week/month, and to attend programmatic and extracurricula activities throughout the season. Are you willing to make this commitment? Yes ☐ No ☐
- (if not) Would you be willing to create a different mentoring approach for your circumstance if the traditional nine-month program does not work for you? Yes ☐ No ☐ Explain: _____

Signature of Mentor

Date