



The Art of Yoga Project Mentor Application

*Thank you for your interest in being an Art of Yoga Mentor! Our application is a tool to get to know you, so please fill in the information completely as possible.
We appreciate your time!*

Name: _____ Phone (best number): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Other Phone: _____ Date of Birth: _____

Gender: _____ Marital Status: _____ Other Names (Maiden, etc.): _____

Do you have children? Please list ages of each: _____

Please list your three most recent addresses prior to the one provided above:

Address: _____
_____ Length of stay: _____

Address: _____
_____ Length of stay: _____

Address: _____
_____ Length of stay: _____

We are currently matching mentors in San Mateo County. Occasionally, AYP graduates travel to other counties and we can make matches there. Please circle the counties you would like to mentor in and add any additional information about your ability to travel in the space below:

SAN MATEO SAN FRANCISCO SANTA CLARA OTHER: _____

CA Drivers license number: _____ Expiration Date: _____

Do you have access to a vehicle (check one)? Yes No

Do you have car insurance? Yes No (You will be asked to provide proof of insurance later)

Please list any traffic citations or accidents, including DUI's and out of state offenses. DMV screening is required and will be conducted as part of the background check.

Incident: _____ **Date:** _____
Incident: _____ **Date:** _____
Incident: _____ **Date:** _____

Ethnic Identity: _____

Primary Language: _____

Other Languages Spoken: _____



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Please describe your cultural background: _____

Please share a little about your upbringing including the type of communities you grew up in and noting any important relationships with adults:

Work Experience

Current Employer: _____ **Position:** _____

Length of Time Employed: _____ **Supervisor:** _____

Contact Information: _____ **May we contact?** ___Yes ___ No

Prior Employer: _____ **Position:** _____

Length of Time Employed: _____ **Reason for leaving:** _____

Contact Information: _____ **May we contact?** ___Yes ___ No

Previous Employer: _____ **Position:** _____

Length of Time Employed: _____ **Reason for leaving:** _____

Contact Information: _____ **May we contact?** ___Yes ___ No

Education

Highest Level of Education Completed: _____

Name and Location of School: _____

Please list any relevant licenses or certifications: _____

Please list any volunteer experience you have:



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Have you worked with youth at risk in the past? ____ Yes ____ No

Please describe your experience with youth below:

Why do you want to be a mentor?

What challenges do you anticipate in working with this population?

What qualities do you think are important in a mentor?

Please list at least three of each of the following:

Your Skills: _____

Your Strengths: _____

Your Interests: _____

Your Hobbies: _____



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Please describe your experience with yoga, including specific interests, length of time studying, types of yoga practiced and familiarity with yogic theory:

Have you ever been convicted of a felony (or misdemeanor involving violent or fraudulent conduct)? Please do not disclose: (1) any conviction that has been sealed, expunged or statutorily eradicated; (2) any marijuana related convictions dated more than 2 years ago; (3) a conviction under California Health & Safety Code §§ 11357(b) or (c), 11360(b) (formerly 11360(c)), 11364, 11365, or 11550, or their statutory predecessors, dated more than 2 years ago; (4) any arrests that did not result in a conviction; and (5) juvenile records. A conviction will not necessarily disqualify you from being considered for the position(s) for which you are applying. If "Yes", please state the date, location, and the crime(s) for which you were convicted.

YES NO

I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. I understand that any misleading, misrepresentation and/or omission of information will cause this application to be rejected and will be grounds for discharge. I further understand that acceptance of this application does not guarantee a mentor match and that, at any point in the screening or mentoring process, I may be removed from the program at the discretion of program leaders. I consent to all volunteer screening requirements and procedures, including interview(s), background checks, reference checks, verifications, DMV record review and fingerprinting. I authorize the Art of Yoga Project and CASA Advocates for Children to use the information above as for screening purposes and hereby release them of all liability. By signing below I acknowledge and accept the 18-month commitment required of this program and I certify that I am female and over 21 years of age. All information provided on this application is confidential and will be used with the agency for the sole purpose of screening and matching mentors. I have carefully read and understand this application.

Signature: _____ **Date:** _____

Emergency Contact: Name: _____

Phone: _____ Relationship: _____

*Congratulations! You have completed the first step on the road to becoming a mentor!
Someone will contact you shortly to schedule an interview.*

Namaste