



Serving Austin's youth since 1983

National Keep America
Beautiful Award Winner

MY Hero Mentoring Program
RCYF - River City Youth Foundation
Office - (512) 440-1111, ext. 16
Fax - (512) 220-6646
Web

5209 S. Pleasant Valley Road
Austin, Texas 78744
rcyfb@aol.com - Email
www.rivercityyouth.org -

PERSONAL INFORMATION

Name:		SSN:	
Address:			
City:	State:	Zip:	Ethnicity:
Date of birth:		Birthplace:	
Home Number: ()		Cell Number: ()	
Alternate Number: ()		DL or ID Number: State #	
Email Address:			

EMPLOYMENT HISTORY

Employer:		Title:	
Worker Number: ()	May we contact employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Length of employment:	From:	To:	Salary: \$
Supervisor's Name:		Supervisor's Number: ()	
Reason for leaving:			

BACKGROUND INFORMATION

Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please explain:	
Reasoning for leaving:	

Please read this carefully before initialing

Our program appreciates your interest in becoming a mentor to a child. By initialing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check. Any falsified information will result in termination of all relationships with the River City Youth Foundation.

	Initials:
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Mentoring Information

Why do you want to be a mentor?

Can you meet with a child as often as our program requires? Yes No

Do you have any previous experience volunteering or working with youth? If "Yes", explain.

What times can you meet with your mentee? (Check all that apply)

During lunch After school After 5:00pm Weekends Other (in fill at bottom)

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day Times							
Evening Times							

REFERENCES

Please list the names, addresses, and phone numbers of three people you would like to use as character references (please list only people you have known for at least a year):

Name:	Address:	
City:	State:	Zip:
Phone Number: ()	Relationship:	
Name:	Address:	
City:	State:	Zip:
Phone Number: ()	Relationship:	
Name:	Address:	
City:	State:	Zip:
Phone Number: ()	Relationship:	

I have read and I understand the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor. **I agree to the time commitment of eight (8) hours/month and twelve (12) months.**

Signature: _____ **Date:** 9/4/2007