



**KOREAN  
AMERICAN  
FAMILY**  
SERVICE CENTER  
뉴욕가정상담소

P.O. Box 541429 Flushing, NY 11354  
Tel. 718-460-3801 Fax. 718-460-3965

## Unni - Hyung Mentoring Program

### Mentor Application

#### I. Personal Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Social Sec. #: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ years in U.S: \_\_\_\_\_ Gender: Male Female

How did you hear about Unni-Hyung (meaning older sister/brother) Mentoring Program? (Check One)  
 Brochure  Internet  TV  Radio  Newspaper  Friend  Police Precinct  
 Other organization  National Mentoring Partnership  Other(*specify* \_\_\_\_\_)

Are you willing to allow for travel time (one way) meeting a child who is too young to travel unaccompanied? (please anticipate approximately 45 minutes for one-way travel) \_\_\_\_\_

Does your personal or job schedule require you to travel out of NYC? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, how often do you travel? \_\_\_\_\_  
 For what length of time? \_\_\_\_\_

#### II. Employment & Education

If currently employed, Name of employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Can you be contacted at work? Y / N days/hours: \_\_\_\_\_ worked: \_\_\_\_\_ supervisor's name: \_\_\_\_\_

Education: (*check one*):  Less than High School  High School  High School Plus/Other Training  
 Some College  Associate Degree  Bachelor's degree  Master's degree  
 Professional Degree(PhD,Dr,Law)

Name of School: \_\_\_\_\_ Program/Major: \_\_\_\_\_ Anticipated date of graduation: \_\_\_\_\_

For Office Use only Date Received: _____ Date Mentor Interviewed: _____ Interviewer: _____
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5. Are you available to meet with a child eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.
6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
7. How would you describe yourself as a person? How would your friends, family, and co-workers describe you?
8. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
9. Have you ever/currently use illegal drugs? If so, what substances were used and how often?
10. Do you drink alcoholic beverages? If so, what and how often?
11. Have you ever been convicted of a DUI? If yes, when and what were the circumstances?
12. Do you use tobacco products? If so, what and how often?
13. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
14. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
15. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
16. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
17. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?
18. Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched?
19. Please tell me what days/times you are free, for each day of the week (for purposes of matching you with a mentee, and to plan our training session).



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## Unni - Hyung Mentoring Program

### Mentor Interest Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete all the following. This survey will help Korean American Family Service Center know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.  
 Weekdays: \_\_\_ Lunchtime: \_\_\_ After school: \_\_\_ Evenings: \_\_\_ Weekends: \_\_\_ Other: \_\_\_

Please indicate age group(s) and/or you are interested in working with:  
 Age: \_\_\_ 10-13 \_\_\_ 14-18 \_\_\_ 19-21 7-9

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with.

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday/Sunday.

Please check all the activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of strong interest:



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## Unni - Hyung Mentoring Program

### Information Release

I, \_\_\_\_\_, understand it will be necessary for KAFSC Unni-Hyung Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Korean American Family Service Center (KAFSC) to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for KAFSC to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/ guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

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

Full name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Please list any other cities, state, and dates of residency during the past 10 years.

City _____	State _____	From (m/year) _____	To (m/year) _____
City _____	State _____	From (m/year) _____	To (m/year) _____
City _____	State _____	From (m/year) _____	To (m/year) _____
City _____	State _____	From (m/year) _____	To (m/year) _____