



**HEALTHY KIDS  
MENTORING PROGRAM**  
SAN MATEO COUNTY SHERIFF'S OFFICE  
SHERIFF'S ACTIVITIES LEAGUE  
Mentor Application



Name: ..... Birth date: .....

Ethnicity: ..... Gender: .....

Marital Status: ..... Spouse/Partner's Name: .....

Number of Children: ..... Ages of Children: .....

Work Address: ..... City/State/Zip: .....

Work Phone: ..... Fax: .....

Current Occupation: ..... Hours of Employment: .....

Home Address: ..... City/State/Zip: .....

Home Phone: ..... E-mail: .....

Best time to be contacted: ..... May we call you at work? .....

How did you hear about Healthy Kids Mentoring Program? .....

Have you ever been convicted of a crime or are you currently released on bail, or on your own recognizance for any crime?     Yes     No

Have you been convicted for driving under the influence in the past 10 years (DUI)?     Yes     No

Do you object to our checking with appropriate authorities such as the Department of Justice, Federal Bureau of Investigation and the California Department of Motor Vehicles for matters of public record regarding your background and history? Please indicate with a *yes* or *no* and initial.

.....  
Please list the names and **complete** addresses of two unrelated references, one of which is a work reference. (References will have known you at least two years and are willing to discuss your character, reputation, and ethics.)

1. Ms./Mr.

<b>Name</b>	<b>Address</b>	<b>City/State/Zip</b>
<b>Business</b> (if a business reference) .....	<b>Phone:</b> .....	

2. Ms./Mr.

<b>Name</b>	<b>Address</b>	<b>City/State/Zip</b>
<b>Business</b> (if a business reference) .....	<b>Phone:</b> .....	

**Mentor Policy**

*The above information is true to the best of my knowledge. I understand that I am not obligated, if called upon, to perform volunteer mentor services herein applied for, and that the agency is not obligated to assign, or actively seek to assign, a student to the applicant. I further agree to allow the staff of San Mateo County Sheriff's Office and Sheriff's Activities League to elicit additional pertinent, personal information as part of the matching process.*

*In the event that I am chosen to mentor a youth, I agree to the commitment and to participate to the best of my ability. I will honor confidential information regarding my student. I will be free of the influence of alcohol or illegal drugs when with students on or off school grounds. I will inform the Mentoring Coordinator of any changes in my address and/or phone numbers. I will inform the Mentoring Coordinator in advance should I choose to stop volunteering.*

Mentor Signature ..... Date .....

Auto Insurance Carrier: ..... Exp. Date: .....

**Please write where in the County you are willing to serve a student.....**

**Please briefly tell us why you think you would be a good mentor.....**

Do you know someone else who might be interested in being a mentor?

Name: .....

Address:..... Phone.....

**Please return to:**

**Ashley Bolanos, S.A.L. Mentoring Coordinator**

**San Mateo County Sheriff's Office, C/O Community Policing, 400 County Center, Redwood City CA 94063**

*San Mateo County Sheriff's Office, Sheriff's Activities League does not discriminate on the basis of race, creed, educational level, physical disability, age, gender, sexual orientation, or marital status.*