

**Food and Care Coalition of Utah Valley  
Mentor Advocate Program**

**Mentor Application Form**

**PERSONAL INFORMATION**

**Date of Application** \_\_\_\_\_

**Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_

**Work Telephone Number** \_\_\_\_\_

**Other Telephone Number (please specify)** \_\_\_\_\_

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

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

**Driver's License Number/State** \_\_\_\_\_

**EMPLOYMENT INFORMATION**

**Occupation** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Employer Address** \_\_\_\_\_

**Length of Employment** \_\_\_\_\_

**EDUCATION INFORMATION**

**High School Completion Level (grade level)** \_\_\_\_\_

**College Completion** \_\_\_\_\_

**Major while in college** \_\_\_\_\_

**Degree Earned** \_\_\_\_\_

Are you currently a student?      Yes      No

If so, which university or college are you attending?

\_\_\_\_\_

Current Major \_\_\_\_\_

### AVAILABILITY

What days of the week and hours are you available to work with client (s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Best time to contact you for an interview \_\_\_\_\_

### REFERENCES

Please list three references who have known you for at least one year (employers, professors, friends, etc. No relatives please). Please list complete addresses (street, city, state, zip code), and phone numbers.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### BACKGROUND CHECK AUTHORIZATION

I agree to submit to a background check with the appropriate public authorities.

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

**COMMITMENT AGREEMENT**

**I agree to be involved in the Mentor Advocate Program for at least six months. I also agree to spend at least three to five hours per week working with my assigned client in a supportive “friendship” role.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**VOLUNTEER AGREEMENT**

**I, \_\_\_\_\_, will conscientiously do my best to serve my assigned patron as a representative of the Food and Care Coalition of Utah Valley and the Mentor Advocate Program. I agree to provide services to my assigned patron as authorized, and to abide by the laws, rules, regulations, policies, and procedures of the MAP Program.**

**I understand that there are rules, regulations, and laws regarding privacy and security. I will keep confidential any information, records, files, papers, and or communications to which I gain in the course of my mentor duties. I will not disclose any information except to those authorized by the Food and Care Coalition of Utah Valley.**

**I will never do anything to compromise the trust placed in me by my assigned patron. I will never use my role as a mentor improperly for personal gain or advantage. I will respect the personal, religious, and political views of my assigned patron. I will treat all people with whom I have contact with dignity and respect.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

An interview will be scheduled after application is received.  
Please return application by mail, in person, or fax application to (801) 370-0479

Food & Care Coalition  
Attn: Lynn Cannon  
60 N 300 W  
Provo, UT. 84601