



## SUCCESS MENTORING PROGRAM MENTOR APPLICATION

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Thank you for your interest in the SUCCESS Mentoring Program. SUCCESS is the mentoring program of Youth Eastside Services (a not-for-profit behavioral health service agency for children, youth, and their families in East King County), supporting school-aged youth during difficult and challenging times.

Students benefit from the SUCCESS Mentoring Program by being matched with a trained adult volunteer who can provide the additional support, encouragement, and care many students need to stay in school and increase self-esteem. SUCCESS' current efforts are focused on students enrolled in the Bellevue and Lake Washington District schools. They reflect the diversity of their communities and bring valuable individual differences into the mentoring relationship. Our philosophy is based on the old, but true adage, that *'it takes a village to raise a child'* and so, our most concerted efforts for supporting youth are on those who tend to be more at risk academically, socially, and emotionally than others.

The SUCCESS Mentoring Program began in 1987 as a collaborative effort between Bellevue Schools, the local Law Enforcement, and members of the business community to address the growing issue of how to keep struggling students in school. They decided the best approach was to pair each student with an adult mentor who could respond to the individual needs of each student such as assistance with schoolwork/tutoring, development of social skills through participation in outings, and structured social events, and/or by providing emotional support in time of need.

Over the years, the common thread for all students referred to SUCCESS is their need for an adult in their lives to provide friendship, encouragement, role modeling and a listening ear. Our goal is to help keep kids in school and to assist them in building the positive assets necessary for successful transitions throughout their school years and into adulthood. SUCCESS has matched over 3000 school-aged youth with adult volunteers over the past 37 years of serving children and youth.

Mentors make a year-long commitment to students and spend 2-4 hours per week after school or on the weekends engaging in various activities including organized mentor and student events hosted by SUCCESS staff and periodic activities that include families of the students which give youth and families a chance to meet others in the program.

The SUCCESS Program is always looking for caring people who wish to find the satisfaction that comes from helping a young person steer a successful course to adulthood. You may contact the SUCCESS Program at Youth Eastside Services by calling the number listed below.

Kind Regards,

Jake Marsh  
SUCCESS Mentoring Program Coordinator  
P (425)747-4937 x 2345 | E [jake.marsh@youtheastsideservices.org](mailto:jake.marsh@youtheastsideservices.org)



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Date \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home address \_\_\_\_\_

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

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Driver's license no. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Length of employment \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Have you ever been convicted of any crimes? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been investigated for child abuse or neglect?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you agree to YES completing a background check?  Yes  No

Do you agree to YES checking your driving record?  Yes  No

Can you meet the time commitment our program requires? (2-4 hrs/wk for 1 year) \_\_\_\_\_

1. Why do you want to be a mentor? \_\_\_\_\_

2. What experiences (past and/or present) have you had working with youth? \_\_\_\_\_

3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain: \_\_\_\_\_

4. List your hobbies/interests: \_\_\_\_\_  
\_\_\_\_\_
5. How would you describe yourself as a person? \_\_\_\_\_  
\_\_\_\_\_
6. How would your friends, family, and/or co-workers describe you? \_\_\_\_\_  
\_\_\_\_\_
7. Do you speak any other languages? If "Yes," please list them. \_\_\_\_\_

Please list the name, address, and phone number of three people you would like to use as character references (*Please list only people you have known for at least a year*). Any information New Insights Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

1. Name \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please read carefully before signing:** Our program appreciates your interest in becoming a mentor to a child. By signing 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. I have read and 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 2- 4 hours/week for 1 year.

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