

**APPLICATION FOR MENTOR PROGRAM  
 FAMILY COURT OF ST. LOUIS COUNTY  
 105 SOUTH CENTRAL AVENUE  
 CLAYTON, MO 63105  
 (314) 615-4400  
 TTY: (314) 615-0618  
 (Please Print or Type)**

<b>DATE:</b>	<b>Phone Numbers:</b>
<b>Name:</b>	<b>Work:</b> _____
<b>Aliases/Nicknames:</b>	<b>Home:</b> _____
<b>Date of Birth:</b>	<b>Cell:</b> _____
	<b>Fax:</b> _____
	<b>Email address:</b> _____
	<b>Social Security Number:</b>
<b>Present Address:</b> (Number)                      (Street)                      (City)                      (State)                      (Zip)	
<b>Date Living at Present Address:</b>	
<b>Permanent Address:</b> ( Number)                      (Street)                      (City)                      (State)                      (Zip)	
<b>Please list any contacts or experience you have had with youth ( i.e., camp counselor, teaching, scouting, group leader, etc).</b>	
<b>Special Skills or Hobbies:</b>	

**VOLUNTEER HISTORY**

(Start with your most recent and work backwards. Attach additional sheets if necessary.)

Name of Agency	Dates	Duties	Reason for Leaving

**EDUCATIONAL BACKGROUND**

School Name and Location (Start with High School)	Years Attended From      To	Major	Date of Graduation	Degree Received

**EMPLOYMENT EXPERIENCE**

List your past two employment experiences. Start with your present or most recent position and work backwards. Attach additional sheets if necessary.

Employer's Name and Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_

Specific Duties Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment:

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Hrs. Worked per Week: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Dates of Employment:  
 From: \_\_\_\_\_  
 Specific Duties Performed: \_\_\_\_\_ To: \_\_\_\_\_  
 \_\_\_\_\_ Reason for Leaving:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Hrs. Worked per Week: \_\_\_\_\_

**Please list any professional/social organizations of which you are a member.**

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

**Briefly state your reason for selecting the Family Court for your volunteer/practicum service.**

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

**How did you hear about the CDJO program?**

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

**REFERENCES**

Give the name and complete address of (3) three persons, ( not relatives, employers, or supervisors) who have knowledge of your character.

Name	Complete Mailing Address	Area Code/Phone Number

How many years have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

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How many years have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

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How many years have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Give the name and complete business address of (3) three persons who have knowledge of your professional qualifications, experience, and ability for the position for which you are applying.

Name	Complete Mailing Address	Area Code/Phone Number

**Do you have a valid driver's license?**  Yes  No If yes, license number/state: \_\_\_\_\_

Transportation: Car \_\_\_\_\_ Do you have auto insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Bus \_\_\_\_\_ Walk \_\_\_\_\_ Other \_\_\_\_\_

**Do you have any physical limitations which would prevent you from performing volunteer duties within the Family Court?** Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please describe the necessary accommodation(s) needed for your successful performance in such a position).

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**Have you ever been arrested or convicted of a violation of the law, or is a charge pending against you for any offense other than minor traffic violations? If so, give details including date, place, nature of offense and disposition.**

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**STATEMENT OF REQUIRED TRAINING**

If accepted into the Family Court of St. Louis County CDJO Program, I agree to attend the CDJO Program Orientation Training as required and understand that I cannot assume the duties of a CDJO until I have successfully completed the CDJO Program Orientation Training and screening process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATEMENT OF VOLUNTEER SERVICE**

I understand that information contained in this application will be kept confidential and that it is for use by the Family Court of St. Louis County to provide volunteer service to clients of the Court. I agree to complete an interview with program staff and a county, state and federal record check. I will also provide program staff with information needed for completion of reference checks and a state child abuse/neglect screen. I understand that participation as a volunteer/practicum student in the CDJO Program depends on successful completion of the screening and training process. Furthermore, I agree to a commitment of one year or two semesters of service giving at least 4 hours per week as a volunteer/practicum student with the Family Court of St. Louis County CDJO Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATEMENT OF CONFIDENTIALITY**

I understand that much of the information I receive or hear in performing my duties at the Family Court of St. Louis County will be of a confidential nature. I agree to keep this information in strict confidence, sharing it only with persons authorized by the Family Court of St. Louis County.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN APPLICATION TO:  
MENTOR PROGRAM  
Family Court of St. Louis County  
105 SOUTH CENTRAL AVENUE  
Clayton, MO 63105  
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