

Community Offender Re-entry Program Volunteer Mentor Application

_____/_____/_____
Last Name First Name Middle Name Birth Date

Street Address City State Zip Code

(____) (____)
Home Phone Cell Phone E-mail

Best time to contact you? How long have you lived in the Twin Ports area?

Are you employed? Name of Company Years Employed

Work Address City State Zip Code

Okay to contact you at work? (____) Work Phone

Do you have a car? Yes / No

Do you have a criminal history? Yes / No If yes, please explain: _____

(to be considered, an ex-offender must be off probation/parole at least two years)

How did you hear about us? _____

Please circle the following forms of ID you could present to a correctional institution:

Valid: Minnesota Driver's License Minnesota State ID Passport Military ID

Faith Affiliation, if any (i.e. church, mosque, synagogue, etc.): _____

Organizations, clubs, other activities: _____

Volunteer experience: _____

Hobbies: _____

Languages spoken: _____

I have the following questions about mentoring: _____

What interests you in becoming a mentor? _____

I am willing to volunteer in any of the following ways:

- One on one mentoring (4-6 hours/month for one year)
- Reentry circles community participant (approximately 2 three hour circles)

The following people may be contacted for references:

Professional Reference

Name _____ Relationship _____
(e.g. minister, employer, supervisor)

Address _____

Daytime Phone (____) _____

Personal Reference

Name _____ Relationship _____
(Not a family member)

Address _____

Daytime Phone (____) _____

Signature _____ Date _____

*Please return the completed application to:
SOAR Career Solutions, CORP
205 West 2nd St. Suite 101, Duluth, MN 55802
218-722-3126, x2404*