



Personal Information Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

Work phone: _____ Social Sec. #: _____

Date of Birth ___/___/___ Gender: _____

Please list all members of your household: _____

Employment History Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____ Phone: _____
_____ Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____ City: _____
_____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____ Phone: _____
_____ Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become an Auntie?

2. Do you have any previous experience volunteering or working with communities in need? If so, please specify.

3. What qualities, skills, or other attributes do you feel you have that would benefit a mother in need? Please explain.

4. Can you commit to participating in the AAH Auntie program for a minimum of two years from the time you are matched with a mother?

5. Are you available to meet virtually/in person/by phone with a mother eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.

6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.

7. How would you describe yourself as a person?

8. How would your friends, family, and co-workers describe you?

9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

10. Have you ever used illegal drugs? If so, what substances were used and how often?

11. Are you currently using any illegal drugs or controlled substances?

12. Do you drink alcoholic beverages? If so, what and how often?

13. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?

14. Do you use tobacco products? If so, what and how often?

15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.

17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.

18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.

19. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the AAH Aunties program?

20. Are you willing to attend an initial Aunties training session and two in-service training sessions per year after being matched?

Please read this carefully before signing:

AAH Auntie's Program appreciates your interest in becoming a mentor. Please initial each of the following:

_____ I agree to follow all program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that AAH Aunties Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow AAH Aunties Program to use any photographic image of me taken while participating in the program. These images may be used in promotions or other related marketing materials. I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:

- **Copy of your valid driver's license and proof of auto insurance**
- **Information Release Form**
- **Personal References Form**
- **Interest Survey Form**
- **DMV Release Form (state agency form)**
- **Criminal History Release Form**
- **Child Abuse and Neglect Release Form**
- **Sexual Offender Release Form**

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature: _____

Date: _____

Please return this application by email to: Info@theakf.org