

**Encourage Foster Care  
A Friend in Fostering  
Mentor Program**

**NOTE: Please email or mail completed applications to:**

**Attn: Heather Huebner, [huebnerh@encouragefostercare.org](mailto:huebnerh@encouragefostercare.org) or 2148 Eagle Pass,  
Suite H. Wooster, OH 44691**

We appreciate your interest in becoming a mentor. The information in this application will help us to match you with a foster child and will be kept confidential.

Date \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Gender: Male/Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

E- Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family: Single Married Divorced Separated

Name of Spouse: \_\_\_\_\_ Children: \_\_\_\_\_

How did you find out about A friend in Fostering? \_\_\_church \_\_\_mentor \_\_\_website

\_\_\_Social Media \_\_\_Staff \_\_\_\_\_ Other

**Would you agree to have us check your name through federal and state criminal records of child abuse and neglect proceedings? (Please circle) Yes No**

Social Security Number: \_\_\_\_\_ (Required for police check)

Do you have a valid Driver's License? Yes / No If yes, exp. Date \_\_\_\_\_ State \_\_\_\_\_

Do you have current vehicle insurance as required by Ohio law? Yes / No

**Work Details:**

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Work Phone: \_\_\_\_\_

List any special interests, skills or hobbies you have:

List examples of any prior volunteer experience:

Please circle the words that describe your personality:

Spiritual	Sensitive	Quiet	Outgoing
Adventuresome	Happy	Shy	Talkative
Confident	Moody	Nervous	Friendly

Other: \_\_\_\_\_  
\_\_\_\_\_

What motivates you to want to be a mentor with Encourage Foster Care and Adoption? \_\_\_\_\_

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

How do you handle stressful situations with children?

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

What age level are you interested in mentoring? \_\_\_ 8-12 \_\_\_ 13-18

Do you have a preference of gender? \_\_\_ Male \_\_\_ Female

Do you agree and understand to ODJFS guidelines? \_\_\_ yes \_\_\_ no

Comment: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime involving children or drug trafficking, or any felony offense within the last ten years? ( See ODJFS Rule 5101:2-7-02(H) \_\_\_ yes \_\_\_ no If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_