



## ***Mentor Application Form***

### **Applicant Information**

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

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

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

Cell # \_\_\_\_\_

Schools Attended: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### **About You**

Tell us a little bit about yourself, your faith journey and why you would like to serve as a LIFT 4:10 Mentor.

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### **Mentoring / Coaching Experience**

Please describe your experience in mentoring and leading young people.

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**Sports Related Experience:** Please tell us about your playing and coaching experience. Include the specific sports for which you would be comfortable providing 1:1 instruction to a LIFT 4:10 mentee.

**Letters of Recommendation:** Please submit 3 letters of recommendation; one (1) from a faith-based leader and two (2) from non-family members. The recommendation letters should be emailed directly by your references to info@LIFT410.org

### **Mentor Pledge**

- **Honesty:** I pledge that I will be truthful and honorable in all my LIFT 4:10 interactions.
- **Time:** I pledge to invest my time and energy into my LIFT 4:10 mentee. I agree to be fully present, on-time and prepared for all mentoring sessions.
- **Academics:** I pledge to do everything I can to help my mentee be successful in the classroom. This includes, on occasions, talking to teachers, coaches, counselors, tutors, etc. in order to gain valuable insights into the capabilities and needs of my mentee.
- **Respect:** I pledge to be a respectful, law-abiding citizen in the community. I pledge to refrain from any use of tobacco products and alcohol when in the presence of young people. I pledge to refrain from using illegal drugs at all times

\_\_\_\_\_  
Prospective Mentor Signature

\_\_\_\_\_  
Date

### **Background Check Approval**

I pledge that the information contained in this application is correct and accurate to the best of my knowledge. I authorize LIFT 4:10 to perform a background check to obtain information regarding myself. This may include:

- Employment records/ Employer references
- Criminal background records/information
- Sex offender registry check
- Driver's license check
- Personal references / Addresses

\_\_\_\_\_  
Prospective Mentor Signature

\_\_\_\_\_  
Date

### **Application Submission**

Please mail completed / signed application to the following address:

LIFT 4:10

184 Plantation Dr.

Mooresville, NC

28117



## ***Liability Waiver / Medical Release Form***

Prospective Mentor Full Name: \_\_\_\_\_

I hereby consent to my participation in the LIFT 4:10 Mentoring Program, including all activities incidental to the program. I assume all responsibilities for, and risk and hazards of, my participation in LIFT 4:10 activities, including transportation to and from all activities of the program. In consideration of LIFT 4:10, conducting the above program, I do hereby release LIFT 4:10 and all mentors, leaders, board members, instructors, counselors, coaches, volunteers, participants, field owners, organizers, affiliations and all other agents of any and all claims, demands, rights and causes of action of whatever kind and nature and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, resulting from my participation in LIFT 4:10 and all activities incidental to LIFT 4:10.

I also hereby grant permission to LIFT 4:10 mentors, leaders, board members, instructors and counselors to obtain medical care from any licensed physician, hospital, or medical clinic on my behalf at such times as either one of my parents or spouse cannot be contacted in person or by telephone. This authorization shall include all program activities, including the period required to travel to and from those activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless LIFT 4:10, the mentors, leaders, board members, organizers, board members, instructors, counselors, volunteers, participants and persons transporting me to and from those activities, for any claim arising out of an injury to myself.

Prospective Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy / Certificate #: \_\_\_\_\_