

# Mentor Father Application Checklist

(ALL INFORMATION IS CONFIDENTIAL)

## CHECKLIST:

- Part 1: \_\_\_\_\_ Mentor Father Information
- Part 2: \_\_\_\_\_ Mentor Father Statement of Faith
- Part 3: \_\_\_\_\_ Community Reference
- Part 4: \_\_\_\_\_ Background Reference Check Approval
- Part 5: \_\_\_\_\_ Pastor Reference & Approval

**THERE ARE 11 APPLICATION PAGES. PLEASE SUBMIT ALL 11 PAGES.**

Thank you for listening to the heart of God in defending the cause of the fatherless.



IT ALL STARTS WITH AN  
**intentional** **COMMITMENT** **into the life**  
**of a fatherless** **BOY**  
**BY A**  
**GODLY MAN**



**PART I – MENTOR FATHER INFORMATION (1 OF 3)**

**(ALL INFORMATION IS CONFIDENTIAL)**

**APPLICANT’S NAME**

Last \_\_\_\_\_ First \_\_\_\_\_  
Middle \_\_\_\_\_ Preferred Name \_\_\_\_\_

**ADDRESS**

Number & Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ COUNTY \_\_\_\_\_ Zip/Postal \_\_\_\_\_

**PHONE**

Home \_\_\_\_\_ Cell \_\_\_\_\_  
Day \_\_\_\_\_ Evening \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**CHURCH**

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**BIRTH DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

**EMPLOYER**

Present Employer \_\_\_\_\_ How long there? \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_ Graduate Year \_\_\_\_\_  
Trade School \_\_\_\_\_ Certificate Year \_\_\_\_\_  
College \_\_\_\_\_ Years Attended \_\_\_\_\_  
Degree \_\_\_\_\_ Other \_\_\_\_\_

**MARITAL STATUS**

Married (How long) \_\_\_\_\_  Divorced (How long) \_\_\_\_\_  Married with Children  Never Married

Names and Ages of Children (if applicable) \_\_\_\_\_  
\_\_\_\_\_

Name of Mentor Father \_\_\_\_\_

1. What has led you to consider volunteering as a Mentor Father?

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2. What experience do you have working with children?

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3. Briefly describe your Christian testimony. (Use back of page if needed.)

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4. Describe your current church involvement.

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5. Explain your past and/or present use of alcohol or any other drugs.

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**PART I – MENTOR FATHER INFORMATION (3 OF 3)**

Name of Mentor Father \_\_\_\_\_

6. Do you have a valid driver’s license?  Yes  No

State \_\_\_\_\_ Driver’s License Number \_\_\_\_\_

Do you have your own transportation?  Yes  No

Please describe your driving record and offenses \_\_\_\_\_

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

Do you have sufficient auto insurance to cover injuries sustained to a passenger?  Yes  No

7. Have you ever been involved in, investigated for, arrested and/or convicted of a crime?  Yes  No

When? \_\_\_\_\_

Explain: \_\_\_\_\_

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

8. List two references: (your pastor and one other community leader)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Please list interests, hobbies, and activities you enjoy.

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

This information is true and accurate to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_



## PART 2 – STATEMENT OF FAITH FOR MENTOR FATHER

### F. I. T. F. STATEMENT OF FAITH

**We at *Fathers in the Field* believe in the following unchangeable truths:**

We believe in one God, Creator and Lord of the Universe, the co-eternal Trinity; Father, Son, and Holy Spirit.

We believe that Jesus Christ, God’s Son, was conceived by the Holy Spirit, born of the Virgin Mary, lived a sinless life, died a substitutionary atoning death on the cross, rose bodily from the dead and ascended to heaven where, as truly God and truly man, He is the only mediator between God and man.

We believe that the Bible is God’s authoritative and inspired Word. It is without error in all its teachings, including creation, history, its own origins, and salvation. Christians must submit to its divine authority, both individually and corporately, in all matters of belief and conduct, which is demonstrated by true righteous living.

We believe that all people are lost sinners and cannot see the Kingdom of God except through the new birth. Justification is by grace through faith in Christ alone.

We believe in one holy, universal, and apostolic Church. Its calling is to worship God and witness concerning its Head, Jesus Christ, preaching the Gospel among all nations and demonstrating its commitment by compassionate service to the needs of human beings and promoting righteousness and justice.

We believe in the necessity of the work of the Holy Spirit for the individual’s new birth and growth to maturity, and for the Church’s constant renewal in truth, wisdom, faith, holiness, love, power, and mission.

We believe that Jesus Christ will personally and visibly return in glory to raise the dead and bring salvation and judgment to completion. God will fully manifest His kingdom when He establishes a new heaven and new earth, in which He will be glorified forever and exclude all evil, suffering, and death.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Church and Address \_\_\_\_\_

\_\_\_\_\_



**PART 3 - COMMUNITY REFERENCE FORM (1 OF 3)**

*Reference should not be related to the applicant. Reference letters do not replace this form.*

**Section A: TO BE COMPLETED BY THE MENTOR FATHER APPLICANT**

**MENTOR FATHER'S APPLICANT NAME**

Last \_\_\_\_\_ First \_\_\_\_\_  
Middle \_\_\_\_\_ Preferred Name \_\_\_\_\_

**ADDRESS**

Number & Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ COUNTY \_\_\_\_\_ Zip/Postal \_\_\_\_\_

**PHONE**

Home \_\_\_\_\_ Cell \_\_\_\_\_  
Day \_\_\_\_\_ Evening \_\_\_\_\_

**E-MAIL ADDRESS**

\_\_\_\_\_

**CHURCH**

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

I, \_\_\_\_\_, GIVE *FATHERS IN THE FIELD*  
PERMISSION TO CONTACT THIS REFERENCE AND WAIVE MY RIGHT TO REVIEW ANY  
COMMENTS MADE AS A RESULT OF THIS CONTACT.

Applicant's Signature \_\_\_\_\_  
Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

**CHURCH NAME & ADDRESS**

Name \_\_\_\_\_  
Number & Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ COUNTY \_\_\_\_\_ Zip/Postal \_\_\_\_\_

**PART 3 - COMMUNITY REFERENCE FORM (2 OF 3)**

**Section B: TO BE COMPLETED BY COMMUNITY LEADER**

Name of Mentor Father \_\_\_\_\_

**REFERENCE'S NAME**

Last \_\_\_\_\_ First \_\_\_\_\_

Title \_\_\_\_\_

How long have you known the applicant?

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

What do you believe to be the applicant's greatest strength?

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

What do you believe to be the applicant's greatest weakness?

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

How would you describe the applicant's awareness of his calling as a Christian and of his response to that calling? (Check one)

- Very Solid/Mature     Strong/Thriving     Average/Growing     Probable/Developing     Possible/Vague Not apparent

(On a scale of 1-10 with 10 being the highest)

How appropriately does the applicant relate to young boys? \_\_\_\_\_

**PART 3 - COMMUNITY REFERENCE FORM (3 OF 3)**

**Section B: TO BE COMPLETED BY COMMUNITY LEADER**

Name of Mentor Father \_\_\_\_\_

Carefully rate the applicant by checking the appropriate rating for each characteristic. On a scale of 1-5, 5 indicates that the applicant excels in that characteristic, and 1 indicates that the applicant does not demonstrate that characteristic. It is important that you rate the applicant to the best of your knowledge for each characteristic.

COMMUNICATION SKILLS	5	4	3	2	1
INTEGRITY	5	4	3	2	1
LEADERSHIP	5	4	3	2	1
RESPONSIBILITY	5	4	3	2	1
SELF-DISCIPLINE	5	4	3	2	1
SENSITIVITY TO OTHERS	5	4	3	2	1

What is your recommendation in respect to this applicant's admission? (Check one)

- Strongly recommend  
 Recommend  
 Recommend with reservations  
 Do not recommend

Please list any circumstances / issues of which the Church should be aware before deciding on the applicant's suitability for a Mentoring Ministry.

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Signed \_\_\_\_\_ Date \_\_\_\_\_

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



# CONFIDENTIAL

*Fathers in the Field* Ministry

## BACKGROUND CHECK AUTHORIZATION

### PART 4 - BACKGROUND CHECK AUTHORIZATION

#### PRINT NAME

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Former Name(s) \_\_\_\_\_ Date Used \_\_\_\_\_

#### ADDRESS

CURRENT ADDRESS SINCE: Month \_\_\_\_\_ Year \_\_\_\_\_

Number & Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ COUNTY \_\_\_\_\_ Zip/Postal \_\_\_\_\_

PREVIOUS ADDRESS FROM: Month \_\_\_\_\_ Year \_\_\_\_\_

Number & Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ COUNTY \_\_\_\_\_ Zip/Postal \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DOB \_\_\_\_\_

PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

DRIVERS LICENSE Number \_\_\_\_\_ State \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize *Fathers in the Field* and its designated agents and representatives to conduct a comprehensive review of my background causing an investigative report to be generated for volunteer purposes. I understand that the scope of the investigative report may include, but is not limited to the following areas: verification of social security number; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information pertaining to me, to *Fathers in the Field*. I further authorize the complete release of any records or data pertaining to me which the corporation, or public agency may have, to include information or data received from other sources.

*Fathers in the Field* and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notice to California, Minnesota and Oklahoma Residents:**  
Please check the box below if you wish to receive a copy of a report that is requested.  
 I wish to receive a copy of any Background Check Report on me that is requested.



**PART 5 - PASTOR'S REFERENCE AND APPROVAL FORM (1 of 3)**

*References should not be related to the applicant. Reference letters do not replace this form.*

**Section A: TO BE COMPLETED BY THE MENTOR FATHER APPLICANT**

**MENTOR FATHER'S APPLICANT'S NAME**

Last \_\_\_\_\_ First \_\_\_\_\_  
Middle \_\_\_\_\_ Preferred Name \_\_\_\_\_

**ADDRESS**

Number & Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ COUNTY \_\_\_\_\_ Zip/Postal \_\_\_\_\_

**PHONE**

Home \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
Day \_\_\_\_\_ Evening \_\_\_\_\_

**E-MAIL ADDRESS**

\_\_\_\_\_

I, \_\_\_\_\_, GIVE *FATHERS IN THE FIELD* PERMISSION TO CONTACT THIS REFERENCE AND WAIVE MY RIGHT TO REVIEW ANY COMMENTS MADE AS A RESULT OF THIS CONTACT.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHURCH NAME & ADDRESS**

Name \_\_\_\_\_  
Number & Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ COUNTY \_\_\_\_\_ Zip/Postal \_\_\_\_\_

**PART 5 - PASTOR'S REFERENCE AND APPROVAL FORM (2 of 3)**

**Section B: TO BE COMPLETED BY PASTOR**

Name of Mentor Father \_\_\_\_\_

**PASTOR'S NAME**

Last \_\_\_\_\_ First \_\_\_\_\_

Title \_\_\_\_\_

How long have you known the applicant?

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

How long has he been a member of your Church?

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

What do you believe to be the applicant's greatest strength?

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

What do you believe to be the applicant's greatest weakness?

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

How would you describe the applicant's awareness of his calling as a Christian and of his response to that calling? (Check one)

Very Solid/Mature     Strong/Thriving     Average/Growing     Probable/Developing     Possible/Vague Not apparent

(On a scale of 1-10 with 10 being the highest)

How appropriately does the applicant relate to young boys? \_\_\_\_\_

**PART 5 - PASTOR'S REFERENCE AND APPROVAL FORM (3 of 3)**

**Section B: TO BE COMPLETED BY PASTOR**

Name of Mentor Father \_\_\_\_\_

Carefully rate the applicant by checking the appropriate rating for each characteristic. On a scale of 1-5, 5 indicates that the applicant excels in that characteristic, and 1 indicates that the applicant does not demonstrate that characteristic. It is important that you rate the applicant to the best of your knowledge for each characteristic.

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INTEGRITY	5	4	3	2	1
LEADERSHIP	5	4	3	2	1
RESPONSIBILITY	5	4	3	2	1
SELF-DISCIPLINE	5	4	3	2	1
SENSITIVITY TO OTHERS	5	4	3	2	1

Please list any circumstances of which *Fathers in the Field* should be aware before deciding on the applicant's suitability for the ministry.

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Mentor Father Applicant Names, \_\_\_\_\_ has my APPROVAL to be a Mentor Father.

By signing below, I acknowledge, FitF Mentoring Ministry is not a para-Church Ministry, but only equipping the Church. Therefore, it is our Church's responsibility to have the oversight and accountability as it relates to his Mentoring activities.

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor's Title \_\_\_\_\_