

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 (not from within your Church)
- Part 4: _____ Background Reference Check Approval
- Part 5: _____ Pastor Reference & Approval
- Part 6: _____ Annual Mentor Father Invoice Agreement Form (need one signed every year)

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 ____ / ____ / ____

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?

2. What experience do you have working with children?

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

4. Describe your current church involvement.

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

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 within the Church and not 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 (can not be from within your Church or a Relative)

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? _____

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.

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

Please list any circumstances of which *Fathers in the Field* should be made aware of that brings any concerns to you in your Approval.

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 _____