



# Mentor Application

## Hastings College

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

School Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Media Accounts: \_\_\_\_\_

What is your declared major? \_\_\_\_\_

What extra-curricular activities are you involved in?

Have you ever been convicted of a crime? \_\_\_\_\_ If so, what was the crime and where did it occur?

List the address and phone number of two individuals who can serve as references for you.  
Please let them know that they will receive a phone call from our office.

1. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

I, \_\_\_\_\_, certify that all the information in this application is true and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

Please complete and return to Teen Court staff at the time of your initial interview. For questions contact Adam County Teen Court at 402-834-3798; **pattihinrikus.casa@gmail.com** or **dconant.casa@gmail.com**