



**Adams County Children Services  
Wilson Children's Home**

**300 North Wilson Drive  
West Union, OH 45693**

**Jill M. Wright  
Executive Director**

**Phone: 937-544-2511  
Fax: 937-544-9724**

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**Wilson Children's Home Mentor Application**

Thank you for applying to become a mentor to one of the children at the Wilson Children's Home. Filling out this application is the first step in helping a child in need.

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

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

\_\_\_\_\_

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

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

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

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

Occupation/Title: \_\_\_\_\_

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

\_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Email: \_\_\_\_\_

Why do you want to be a Mentor?

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\_\_\_\_\_

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List three areas of interest / hobbies:

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Place a check in the YES or NO Box for each question below:

1. Have you used any illegal drugs, or been treated or hospitalized for the abuse of any drug, legal or otherwise, in the last 10 years?  
 Yes    No
2. Have you used alcohol excessively or been treated or hospitalized for the excessive use of alcohol, alcohol poisoning, alcohol detoxification, or any similar condition based on alcohol use in the last 10 years?  
 Yes    No
3. Have you ever been charged, arrested, or convicted of wrongful possession, use, or transfer of alcohol or tobacco products to any improper recipient, including minors?  
 Yes    No
4. Have you ever been charged, arrested, or convicted of possession, use, or transfer of illegal drugs or drug paraphernalia?  
 Yes    No
5. Have you ever been charged, arrested, or convicted of improper or criminal conduct in which the alleged victim, co-conspirator, or other involved individual was a minor?  
 Yes    No
6. Have you ever been charged, arrested, or convicted of activities in which you allegedly physically or sexually abused anyone, male or female, or allegedly condoned such abuse by others?  
 Yes    No
7. Have you ever been charged, arrested, or convicted of activities in which you allegedly were involved in the creation, possession, use or transfer of child pornographic materials?  
 Yes    No
8. Have you ever been charged, arrested, or convicted of any conduct involving violence, including family violence?  
 Yes    No
9. Have you ever been charged, arrested, or convicted of Any conduct related to the unlawful possession, use, or transfer of a firearm or explosive device?  
 Yes    No
10. Have you ever been charged, arrested, or convicted of any conduct that could reasonably be construed to make you unfit to supervise minors?  
 Yes    No

If any of the above questions were answered "YES" Please explain below:

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Please Include the following:

- Clear Copy of your current Driver's License.
- Copy of your CURRENT car insurance
- BCI/FBI background check (This can be done at the Children's Home with an appointment for the cost of \$47.25).  
***Please advise if being done at another location.***

#### **Mentoring Rules / Procedures**

- Call (937) 544-2511 Ext. 139 or 151 to set up a visit with the resident (this should be done 24 hours in advance)
- Resident MUST be with you at all times during the visit.
- Safety Check Must be completed by a Case worker prior to visiting your home or doing an overnight visit.
- "IF" anything happens out of the ordinary on the visit, Notify the staff immediately at the above numbers.
- Some residents cannot have communication with family members. We ask that you do not allow residents to contact family on visit.
- Residents may use internet if you are supervising them for the content of what is being accessed.
- Questions/concerns should be communicated with the Wilson Children's Home Superintendent by calling (937) 544-2511 Ext. 141

#### **By signing and submitting this application:**

- I understand that this does not guarantee that I will become a mentor for Wilson Children's Home.
- I agree to the rules and procedures for mentoring a Child from Wilson Children's Home.
- "IF" I become a Mentor, it will be my obligation to keep a current driver's License/car insurance on file and to update any contact information within forty-eight (48) hours of change.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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*Office Use:*

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Received By

## References

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

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

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

Relationship to you: \_\_\_\_\_

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

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

Relationship to you: \_\_\_\_\_

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