



KOLE WRIGHT

MEMORIAL FOUNDATION

Kole Wright Memorial Foundation

Who are we?

Our mission is to empower children in Wasatch County to believe in their own potential through connection, mentorship, and self-discovery.

Why are we doing this?

The Kole Wright Memorial Foundation was created to honor and carry on Kole Wright's legacy of caring for others. Kole was 36 years old when he tragically took his own life on August 12, 2018. The Foundation formed to connect young people in the Heber Valley with mentors and role models. Young people struggling to fit in have a greater chance of succeeding if they feel connected and accepted—if they believe they belong. Humans who experience a sense of belonging are more likely to find support before it's too late.

This form can be mailed to laurendel@kolewrightfoundation.org or dropped off at 450W 910S Suite 102, Heber, UT 84032

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A 501(c)(3) non-profit organization

450 W 910 S, SUITE 102 | HEBER CITY, UT 84032 | (435) 315-4288 | KOLEWRIGHT.ORG | EIN 83-1930414

Confidential

Youth Mentor Application Form

First/Middle/Last Name _____

Address _____

City _____ State ____ Zip _____

Date of Birth ____/____/____

Social Security Number _____/_____/_____

Current Driver's License No. _____ State: _____

Email: _____

Phone Number: _____

Please list any other cities, states, and dates of residency during the past 7 years.

Address	City	State	Dates

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Information Release

I, _____, understand it will be necessary for Kole Wright Memorial Foundation Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Kole Wright Memorial Foundation to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for Kole Wright Memorial Foundation to conduct the same investigation of my background in previous states in which I have resided.

Signature

Date

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Employment History Please provide employment information for the past five years below or on an attached sheet.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

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Application Questions Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

		Yes	No
1.	Can you commit to mentoring at least once per month for 4 months?		
2.	Have you volunteered with youth before?		
3.	What age group do you prefer to mentor?	Teens (13-17)	Preteens (8-12)
4.	Are you willing to communicate regularly and openly with other mentors?		
5.	Are you willing to attend an initial orientation after you have been accepted into the program?		
6.	Have you ever been convicted or investigated for sexual abuse of a minor or adult?		
7.	Have you ever been convicted or investigated for child neglect?		
8.	Do you feel comfortable driving youth to and from activities?		

9. Why do you want to become a mentor?

10. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

11. What are 3 of your favorite hobbies?

12. List any other strong interests:

13.. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

14..Have you ever used illegal drugs? If so, have you been in a period of recovery for at least three years?

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15..Are you currently using any illegal drugs or controlled substances?

16. Have you ever been convicted of a DUI, driving while under the influence? If yes, when and what were the circumstances?

17. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

18. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.

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Please read this carefully before signing: Kole Wright Memorial Foundation Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that Kole Wright Memorial Foundation Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow Kole Wright Memorial Foundation Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

§ Copy of your valid driver's license if driving KWMF vehicles § Information and Background Check Release Form § Personal References Form § Interest Survey Form § DMV Release Form (state agency form you pick up and provide)

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

_____ Signature Date

Please return or mail this application and the items listed above to laurendel@kolewrightfoundation.org Mentoring Program Coordinator at Kole Wright Memorial Foundation.

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Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information Kole Wright Memorial Foundation Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

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