

# Senior Partner Application



## **Metro Denver Partners**

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### **METRO DENVER PARTNERS MISSION REFLECTED IN FABLE**

*A man was walking along the beach. Far in the distance, he could see a stretch of beach where hundreds of starfish had washed up on the shore. As he got closer, he could see a young boy picking up some starfish one by one and throwing them back into the ocean. He stood and watched. He felt the futility of the boy's action – he shook his head with frustration and walked closer to the boy and the hundreds of starfish.*

*He again watched and finally, when he couldn't watch any longer, he walked over to the boy and said, "Why are you doing that? There are hundreds of starfish and only one of you. What you are doing is impossible. You will never save them all, and besides, what difference does it really make?"*

*The boy looked at the man and, as he picked up one starfish and threw it back into the ocean, he replied, "It made a difference to that one."*

It's an old story that most of us have heard before. But, the meaning remains strong and demonstrates so well the mission of Metro Denver Partners. Working with youth throughout the Metro Denver area is positively changing lives....one child at a time. Each time we successfully match a Senior and Junior Partner, we are making "a difference to that one."

Research is supporting our mission. The Partners Association recently completed a program evaluation showing the positive impact Partners' mentoring services has on the development of at-risk youth. The analysis clearly demonstrates youth show statistically significant differences after a year of mentoring in the areas of self-esteem, verbal conflict resolution, school bonding, and high-risk behavior.

If you believe this type of program is one you would enjoy, please fill out this application and return it as soon as possible. We're looking for people who care and want to make a difference in the life of a child.

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# SENIOR PARTNER APPLICATION

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

Full Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Any children? \_\_\_\_\_

Present Employer / Company \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Position \_\_\_\_\_ How long employed? \_\_\_\_\_ Supervisor \_\_\_\_\_

**List other employment or internships (most recent first)** \_\_\_\_\_

Position \_\_\_\_\_ How long employed? \_\_\_\_\_ Reason left \_\_\_\_\_

How many times have you moved in the last 5 years? \_\_\_\_\_

How long have you lived in Colorado? \_\_\_\_\_

**List the past 2 residences (most recent first)** \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ How long there? \_\_\_\_\_

## **Education or Training**

High School \_\_\_\_\_ Years attended \_\_\_\_\_ Graduate? \_\_\_\_\_ Year? \_\_\_\_\_

College/University/Technical Training \_\_\_\_\_ Years attended \_\_\_\_\_ Major \_\_\_\_\_ Grad. Date \_\_\_\_\_

Other? \_\_\_\_\_

Have you ever applied to be (or have been) a Senior Partner before? \_\_\_\_\_

Past experiences with children/youth: \_\_\_\_\_

**Health:** Poor \_\_\_ Fair \_\_\_ Good \_\_\_ Excellent \_\_\_\_\_ Any physical limitations or special concerns? \_\_\_\_\_

Are you taking medication on a regular basis? \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Have you ever sought counseling/therapy or treatment for any reason? \_\_\_\_\_

Dates: \_\_\_\_\_

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

Explain your present use of alcohol or any other drugs: \_\_\_\_\_

Explain your past use of alcohol or any other drugs: \_\_\_\_\_

Do you have a valid Driver's License? Yes: \_\_\_\_\_ No: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

Do you have your own transportation? Yes: \_\_\_\_\_ No: \_\_\_\_\_ License Plate #: \_\_\_\_\_

If no, do you have access to transportation? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Describe: \_\_\_\_\_

Do you have current vehicle insurance as required by this state's law? \_\_\_\_\_

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

**I will promptly report to Partners any changes in my insurance coverage or driver's license status.**

Signature

Date

Have you ever been the victim of a crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If YES, please explain: \_\_\_\_\_

Have you ever been involved, investigated, arrested, and/or convicted of an assault? \_\_\_\_\_

If YES, when: \_\_\_\_\_

Please explain: \_\_\_\_\_

Have you ever been involved, investigated, arrested, and/or convicted of a felony or any other offense?

If YES, when: \_\_\_\_\_

Please explain: \_\_\_\_\_

Have you ever been involved, investigated, arrested, and/or convicted of child abuse, neglect or sexual molestation of a minor? \_\_\_\_\_

If YES, when: \_\_\_\_\_

Please explain: \_\_\_\_\_

**Please list four references :**

- 1) Relative** (known most of life)
- 2) Employer** and/or **Professional**
- 3) Friend** (spouse or significant other if applicable, known at least 2 years)
- 4) Friend** (counselor/therapist if applicable, or friend known at least 2 years)

<b>Name</b>	<b>Mailing Address</b> (Street, City, State & Zip Code) <b>and Email Address</b>	<b>Phone #</b>	<b>Relationship</b>	<b>Years known</b>

What attitudes and beliefs are of special importance to you?

Please list interests, hobbies, and activities that you pursue.

I understand that Partners will contact the above listed references, any other persons deemed necessary, and will complete a thorough investigation compiling information on me that includes, but is not limited to: my character, personal characteristics, mode of living, general reputation, criminal history, academic credentials, employment history, work habits, job performance, experience and reasons for termination, education, qualifications and motor vehicle driving record. I will provide Partners with proof of automobile insurance and driver's license. I understand that misrepresentation of personal information or history at any time could result in termination or non-acceptance in the Partners Program. I understand that the Partners organization reserves the right to decline volunteers or terminate their volunteer status at any time. A decline is not meant to be a reflection of the personal character of an individual, or of our perception of their ability to volunteer in another setting. Partners staff accepts or declines volunteers based on all the information gathered in the screening process and for reasons of confidentiality and liability will not share this information or reasons of denial with any applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date