



ACES Mentor Program  
Mentor Application

The following questionnaire was designed to help successfully match Mentor & Mentee Families. All information that you provide is confidential. If you are not comfortable answering any questions, please leave them blank. If you have any questions about this application, please contact ACES at [info@aceskids.org](mailto:info@aceskids.org) or call 864-322-2495. Send completed applications to ACES, P.O. Box 6652, Greenville, SC 29606

Applicant's Name \_\_\_\_\_ Age: \_\_\_\_\_ Year of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

Employment: Occupation/Title: \_\_\_\_\_ Employer \_\_\_\_\_

Are You Participating in the Mentor Program? \_\_\_\_\_

Race \_\_\_\_\_ Religion \_\_\_\_\_ (Optional)

Spouse's Name (if applicable) \_\_\_\_\_ Age: \_\_\_\_\_ Year of Birth \_\_\_\_\_

Employment: Occupation/Title: \_\_\_\_\_ Employer \_\_\_\_\_

Are You Participating in the Mentor Program? \_\_\_\_\_

Race \_\_\_\_\_ Religion \_\_\_\_\_ (Optional)

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

City, County, State, Zip \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Primary Contact person is \_\_\_\_\_ Best way to contact \_\_\_\_\_

How often would you like to be in contact with your Mentee family? (Circle One)

Daily          Weekly          Bi-Weekly          Monthly          As needed

Children Living With You: (Use separate sheet of paper for additional children)

Birthyear	Sex	Adopted-Y/N	Country	Race	Any special needs?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Adoption Agency Used \_\_\_\_\_

**About you**

Adoption characteristics your family has experienced (Check all that Apply)

*Education*

Learning Disabilities       School Issues/IEP       Special Education

*Health*

ADD/ADHD       Developmental Delays       Cleft Lip/Palate  
 Feeding Issues       HIV/AIDS       Physical Disabilities  
 Prenatal Drug/Alcohol Exposure       Sensory Integration Disorder       Speech Problems

*Parenting*

Foster Parenting       Kinship Care       Single Parent Adoption  
 Step Parent Adoption       Transracial Adoption

*Siblings and Birth Family*

Birth Parent       Change in age/birth order       Children same age  
 Open Adoption       Sibling Adoption       Sibling Separation  
 Sibling Connections (Maintained)

*Special needs*

Allegations       Attachment/RAD       Auditory Processing Disorder (CAPD)  
 Bi-polar       Emotional Problems       FAS/FASD or ARND  
 Mental Health       ODD       Physically Abused Children  
 Sexually Abused Children       Sexual Acting Out       Sexual Identity Issues  
 Violent Behavior

*Therapy (Child or Family)*

Counseling/therapy     Speech Therapy     Physical Therapy     Occupational Therapy

*Miscellaneous*

Adoption Disruption/Dissolution       Infant Domestic Adoption       Multiple Placements  
 Older Child Adoption       Interstate Adoption (ICPC)  
 Toddler Adoption

Is there anything else you would like us to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What characteristics do you feel are most important for you to be matched with a Mentee family? Use above list & those listed below.

\_\_\_\_\_  
\_\_\_\_\_

Adoption Agency Used       Country adopted from       Frequency of Contact  
 Marital Status       Number of Children       Occupation  
 Race of Children       Race of Parents       Religion  
 Same age children       Same age Parents       Other \_\_\_\_\_

**Date signed** \_\_\_\_\_

\_\_\_\_\_  
**Applicant signature**

\_\_\_\_\_  
**Spouse signature**