



Volunteer Application

Date: _____

Name: _____

Social Security #: _____ - _____ - _____

Address: _____

City/State: _____ Zip Code: _____

Email Address: _____

Date of Birth: _____

Home Phone: (____)____ - _____ Cell: : (____)____ - _____

Work Phone: (____)____ - _____

Best Days/Times to Reach You: _____

Occupation: _____

Place of Employment: _____

Length of Employment: _____

Level of Education: (Please check all that apply)

High School _____ Bachelor's Degree _____ Professional Degree _____
College Credit _____ Master's Degree _____ Associates Degree _____
Doctorate Degree _____ Other: _____

Length of Residence in Area: _____

Status: Married _____ Spouse's Name _____

Divorced _____ Single _____ Separated _____ Widowed _____



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Children:

Name	Age	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do You Have: Your Own Transportation? Yes ___ No ___
 Updated Vehicle Insurance? Yes ___ No ___
 Valid Driver's License? Yes ___ No ___

Driver's License #: _____

Have you ever been convicted of a crime? Yes ___ No ___
If so, please explain:

Previous Volunteer Experience: _____

Special Skills/Training/Hobbies: _____

Community Affiliations (clubs, churches, organizations, etc): _____

Why do you want to be a mentor? _____



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What qualities do you feel you have that would enable you to mentor adolescent females?

Please supply the names of three references:

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Phone Number(s): _____

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Phone Number(s): _____

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Phone Number(s): _____



Volunteer Application

Please Read This Carefully Before Signing:

Our program appreciates your interest in becoming a Mentor to a young girl. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check.

I have read and understood the program's rules, regulations, and responsibilities for becoming a Mentor. If selected, I will follow the rules of the program and be a dedicated Mentor. I agree to the one year time commitment of the program.

Signature

Date