



Volunteer Mentoring Services Application

Date: _____

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Home e-mail address _____

Office e-mail address _____

Employer _____ Title _____

Length of employment _____ Supervisor's Name _____

Have you ever been convicted of a crime? _____ If yes, please explain:

Would you be willing to submit to background checks, including a national fingerprint criminal background check, a child protective services check, and a department of motor vehicles check? (circle one) Yes No

High School Graduate Yes No School Attended _____

College or Trade Yes No School Attended _____

Degree Received _____

Are you currently attending school? Yes No

If yes where? _____ Major _____

Planned year of graduation _____

Mentoring Information

Why do you want to be a volunteer mentor?

Can you meet with your mentee for at least two (2) hours per week for twelve (12) months? _____

Please describe your volunteer/work experience with youth:

Do you have any hobbies, skills, talents, etc. that may benefit youth? Please describe:

What times and days weekly could you meet with your mentee (2 hours minimum) on a regular basis?

Day (circle all) M T W Th F Sa Su

Times _____

Would you like to be matched with a particular child from a specific (check one):

Ethnicity____ Age____ Grade Level____ Disability ____ Location _____

No preference_____

If you identified a preference, please explain:

Do you speak other languages? If yes, please list _____

Please list any other skills or information that you believe make you a qualified volunteer mentor candidate

References

**Please list three references of people that you have known for at least one year.
(Family references are not eligible.)**

Name_____ Relationship_____

Address_____

Phone_____ e-mail_____

Staff only-Reference comments:

Name_____ Relationship_____

Address_____

Phone_____ e-mail_____

Staff only-Reference comments:

Name_____ Relationship_____

Address_____

Phone_____ e-mail_____

Staff only-Reference comments:

Please read before signing

I agree that any and all of the information provided is accurate. I also agree to have references contacted, information confirmed and criminal record checks performed, as allowed by state and federal law, and as required by this program.

I agree to meet with a mentee for two hours per week for twelve consecutive months (2 hours/per week/per month/12 months) to this program.

I agree to attend all training sessions required by this program. I agree to submit a weekly report to LFSVA.

I understand that LFSVA reserves the sole right to accept or reject applicants for the Volunteer Mentoring Services program.

Signature_____ Date_____

Full name (print) _____