

Name:

Occupation:

Address:

Phone(home & cell):

E-Mail:

Education Information:

	<i>School Name</i>	<i>Degree</i>	<i>Dates</i>
<i>High School</i>			
<i>College</i>			
<i>Graduate School</i>			

What days and times are you able to volunteer (please check all that apply):

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<i>All Day</i>					
<i>7:30am - 8:30am</i>					
<i>8:30am - 9:30am</i>					
<i>9:30am - 10:30am</i>					
<i>10:30am - 11:30am</i>					
<i>11:30am - 12:30pm</i>					
<i>12:30pm - 1:30pm</i>					
<i>1:30pm - 2:30pm</i>					
<i>2:30pm - 3:30pm</i>					

Notes about availability:

Please list any medical restrictions, requirements, allergies, etc.:

In case of emergency, notify:

Name:

Relationship:

Address:

Telephone:

Please list three references:

	<i>Name</i>	<i>Phone #</i>	<i>Email</i>	<i>Relationship</i>
1.				
2.				
3.				

Interest Survey:

- Do you prefer working with a: *Girl* *Boy* *No Preference*
- Do you prefer working with an outgoing or introverted child? *Outgoing* *Introverted* *No Preference*
- Do you prefer working with an elementary or middle school youth? *Elementary* *Middle School* *No Preference*
- Please list any languages that you speak (other than English):
- What hobbies or interests do you have?
- What interests you about becoming a mentor?
- What qualities do you have that would make you a good mentor?
- What kinds of activities do you enjoy doing (or would enjoy doing) with a young person?

9. What do you enjoy about young people?

10. What do you find challenging about young people?

11. Who has served as a role model for you and why?

12. Describe what a mentor's role can be.

13. Please share any experience you've had working with young people (paid or volunteer).

14. What qualities would you be looking for in a mentee?

Applicant's Certification:

Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?
_____ Yes _____ No (Please initial)

Are you under current indictment or has a district/county attorney ever accepted an official complaint for any of the offenses in the above question? _____ Yes _____ No (Please initial)

If the answer is YES to the above questions please attach an explanation on an additional sheet of paper.

May we reproduce photos in which you appear in Essex CHIPS, MENTOR Vermont or Essex Westford School District promotional or educational materials? _____ Yes _____ No (Please initial)

I agree to abide by the rules and regulations of the program and fully discharge the EWSD Mentoring Program from liability and claims resulting from my volunteerism.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature

Date

For Program Staff:

Date Application Received: _____

Date Application Reviewed: _____

Name of Reviewer: _____