



Site-Based Adult Volunteer Application

First Name:		Middle Name:		Last Name:		Date of Birth:		
Home Address:			City:		County:		State:	Zip:
Email:		Home Ph #:		Work Ph #:		Cell Ph #:		
Preferred Method of Communication (check one): Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/>								
Male Female		Social Security #:		Employer:				
Address:			City:			State:	Zip:	
Occupation:		Ethnicity:		Marital Status:		Highest Level of Education:		
Can We Contact You At Work: ____ Yes ____ No		Work Hours:		How Long Employed:				
Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating.								
Do you have a driver's license? ____ Yes ____ No		If yes, state of issue and #:			Expiration date:			

REFERENCES

Please type or print information requested for three references: 1) your current or past employer who has known you for at least 1 year; 2) a co-worker or friend who has known you for at least 2 years; and 3) a close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years.

1. Employer's Name (or school if student):			Supervisor's Name (or teacher if student):				
Address:			City:		State:		Zip:
Day Phone #:		Fax #:			Email:		
2. Coworker or Friend:							
Address:			City:		State:		Zip:
Day Phone #:		Fax #:			Email:		
3. Spouse/Domestic Partner/Friend:							
Address:			City:		State:		Zip:
Day Phone #:		Fax #:			Email:		
Have you ever applied or been a Mentor before? Yes No					When and Where:		
What, if any, other youth organizations have you worked for or been involved with as a volunteer?							
Have you ever been involved before with Volunteer in a capacity other than a Mentor? Yes No					When and Where:		

(Continued)



Mentoring Site location preference: _____

Day of the week/time available to volunteer: _____

1. Do you have transportation available to your selected site? Yes No

2. In identifying a youth for you to work with, are there any special considerations you want us to know about?
 No Yes (If yes, we will have you discuss during the in-person interview)

3. Are you experiencing any physical/mental health problems/issues that could affect a match?
 No Yes (If yes, we will have you discuss during the in-person interview)

4. Have you ever been charged with or convicted of a crime?
 No Yes (If yes, we will have you discuss during the in-person interview)

5. How long have you lived in this area?

6. Do you anticipate any significant life changes over the next year or have you had any in the past year? If so please explain.
 No Yes (If yes, we will have you discuss during the in-person interview)

7. Do you speak any foreign languages? Yes No

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email and I have let them know you will be contacting them.
- 2) I am in no way obligated to perform any volunteer services;
- 3) The information I provided may be used to conduct a background check including: driving record check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 4) The MENTOR LIVINGSTON INC agency is not obligated to match me with a youth;
- 5) Other MENTOR LIVINGSTON INC agencies or youth organizations where I have worked or volunteered may be contacted as references: and,
- 6) As part of the enrollment processes, I will be asked to provide additional personal information prior to the agency making any recommendations for assignment.

Signature

Date