

Mentor Application Form

Name: _____

Address: _____

City, State & Zip Code: _____

Telephone: Home _____ Office: _____

Emergency Contact: _____ Phone: _____

1. Skills and Interests

Education background: _____

Current occupation: _____

Hobbies, skills, interests: _____

Previous volunteer experience: _____

2. Availability

At what times are you interested in volunteering?

- _____ Flexible
- _____ Prefer weekends
- _____ Prefer weekdays
- _____ Prefer days
- _____ Prefer evenings
- _____ Other _____

Do you have a geographic preference as to where you do volunteer work?

- _____ Yes _____
- _____ No _____

3. Background Verification

Have you ever been convicted of a criminal offense, or have you been under the supervision of the corrections system in the last seven years?

Yes, Explain _____

No

Have you ever been charged with abuse or assault?

Yes, Explain _____

No

Has your driver's license ever been suspended or revoked in any state?

Yes, Explain _____

No

Do you use illegal drugs?

Yes, Explain _____

No

Do you have any physical limitations, or are you under any course of treatment which might limit your ability to perform certain types of work?

Yes, Explain _____

No

Do you have any medical situations of which you want others to be aware in case of an emergency?

Yes, Explain _____

No

Other than the above, is there any factor or circumstance involving you or your background that would limit your ability to work effectively with persons of limited resources or on welfare?

Yes, Explain _____

No

Please list 3 non-family references whom we might contact:

_____	Phone: _____
_____	Phone: _____
_____	Phone: _____

How did you hear about us?

- _____ Volunteer group
- _____ Referred by friend/volunteer
- _____ From client of agency
- _____ From agency
- _____ Read about it in newspaper
- _____ Other _____

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I certify that the above information is true and accurate and that I authorize representatives of the Cooperative Extension program to verify the information included on this application. I also agree to keep confidential information I receive from the mentee and other mentors.

Signature: _____

Date: _____

Source: Virginia Cooperative Extension, Family and Consumer Sciences, Mentor Educator Program Curriculum, 1998.