



Office Use Only:
Part 1 Training _____ Part 2 Training _____
Placement Date _____
Placement Site _____
Fingerprint Results _____

5 Hanover Square, 17th Floor : New York, New York 10004 : 212.400.8294 : Fax: 212.400.8278 : www.mentoringusa.org

VOLUNTEER MENTOR APPLICATION AND CONTRACT

Name: _____ Today's Date: _____ Birth Date: _____

Home Address: _____
Street Address City State Postal Code

Home Phone No. _____ E-mail Address: _____

Affiliation/Employer: _____ Title/Position Held: _____

Work Address: _____
Street Address City State Postal Code

Work Phone No. _____ E-mail Address: _____

Supervisor's Name: _____ Years at current employer: _____

Does your employer promote volunteer activities? _____
 If yes please explain (optional): _____

Please indicate below if you are willing to approach your company about any of the following opportunities:
 _____ Mentoring Opportunities _____ Other in-kind goods/services _____ Corporate Sponsorship

Previous Employer (if less than 3 years at current position): _____

Address: _____ Years at this employer: _____

How do you identify yourself including, but not limited to, religious and ethnic heritage? (optional)

Education and Training

High School Attended: _____ Year of Graduation: _____

College Attended: _____ Degree: _____

Other Education and/or Special Training: _____

Do you speak any languages other than English? _____ If so, please indicate below:

Language	Read	Write	Fluent

Please List prior Volunteer Experience

Organization	Date Started/Completed	Activity

Have you applied to be a mentor with Mentoring USA in the past? __ N __ Y

If yes, when? _____

Mentoring Site Preference

Please list three (3) locations from the Site List, where you would like to mentor. Please consider the type of program you would like to join (General, ESL, Foster Care), and the meeting time/location most convenient for you.

1st Choice _____

2nd Choice _____

3rd Choice _____

References

Please list three (3) references who you have known for at least one (1) year. **One of these references must be your current supervisor, if applicable. Relatives or family members cannot be used as references.** Please give complete addresses and phone numbers. References will be contacted by phone or mail. The information furnished to us by your references will remain strictly confidential.

Name: _____ Relationship: _____

Phone Number: _____ Number of Years Known: _____

Name: _____ Relationship: _____

Phone Number: _____ Number of Years Known: _____

Name: _____ Relationship: _____

Phone Number: _____ Number of Years Known: _____

Background Screening

Mentoring USA's Mentors work with children. Therefore, we are required to screen our volunteers. Please respond to the following questions, read this Agreement and Consent and sign below.

Name: _____ Date of Birth: _____ Gender: ____ Driver's License # _____

Have you ever been charged/indicted for any crime? _____ If yes, please supply details (date, charge, disposition).

If you have changed your name, please provide us with your previous name: _____

Current Address: _____
Street Address City State Postal Code

Please provide us with your previous residential address if less than one (1) year at your current residence:



MENTOR CONTRACT

By initially each item and signing below, I agree to the following:

I agree to participate in all required trainings, including periodic training meetings at my site.

I agree to abide by all Mentoring USA rules and procedures, as stated in the Mentor Handbook or provided by Mentoring USA staff and/or Site Coordinator.

I will complete my commitment to work with the program at least four hours per month for a full school year, unless otherwise agreed with Mentoring USA.

I consent to the use of my oral/written statements and the use of my photograph(s) by Mentoring USA for any non-commercial purpose associated with the program including, but not limited to, newsletters, news media coverage of Mentoring USA and its programs and fund-raising.*

I will abide by federal law requiring that children's records remain confidential and any information obtained about a child, from his/her address to work habits, may not be disclosed to others except the child's teacher, principal, guidance counselor, parents and/or legal guardian. I agree to honor these confidentiality requirements.

To respect the privacy of children and families participating in our program, I will submit for pre-publication review by the Director of Mentoring USA, any document originating from participation in this program.

I consent to Mentoring USA verifying all information contained herein, and to a fingerprint check.

I will NOT take my mentee off-site in an unsupervised setting until my background checks are returned and I have obtained parental consent. When I am off-site with my mentee during scheduled mentoring sessions, my Site Coordinator must know where I am and be able to contact me.

I will contact my Site Coordinator if I will be absent from a mentoring session and **I understand that excessive absence will result in removal from the program.**

I will contact my Site Coordinator or Mentoring USA Program Manager if I have any problems or concerns about my mentoring relationship.

I have read this application and agree to abide by the commitments made in it. The information I have provided in this application is true to the best of my knowledge.

Signature: _____ Date: _____

* You have the option of not consenting to this particular clause by drawing a line through it and initialing on the side.