



Volunteer Mentoring Application

Contact Information

Name	(Last)	(First)	(Middle)
Home Address	(Street)	(Apt#)	
(City)	(State)	(County)	(Zip)
Phone Number	(Home)	(Mobile)	
e-mail address:			
Date of Birth:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>		
Language(s) spoken other than English:			
Relationship Status (check one): <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> divorced			
Have you lived in this state for the past 5 years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, list all other states you have resided in within the past 5 years.			

Employment

Occupation:	Employer:
Employer Address:	(Street)
(City)	(State)
Phone number:	(Work)
Work e-mail address:	(Fax)
Have you worked in this state for the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, list all other states you have worked in within the past 5 years.	

History of Working with Youth

Have you ever worked with youth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, briefly describe your experience, responsibilities, and group with whom you worked.	

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 Fax: (202) 347-0520 or email dparker@cflsdc.org Phone: (202) 347-0511x330

To what extent do you feel comfortable talking with a teenager about the following?				
	Very	Somewhat	Slightly	Not at all
A) Academic skills				
B) College planning				
C) Career planning/Job preparation				
D) Personal issues				

Education

High School:	(Name)	(Location)
	(Graduation date: month/year)	(GED: date)
University/College:	(Name)	(Location)
	(Major)	(Dates attended) (Degree)
Graduate School:	(Name)	(Location)
	(Field)	(Dates attended) (Degree)
Trade School:	(Name)	(Location)
	(Field)	(Dates attended) (Degree)
Military Service:	(Branch)	(Rank) (Dates of service)

General Information

Hobbies, favorite recreational activities: Please check all that apply			
<input type="checkbox"/> Reading	<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Cooking/Eating Out
<input type="checkbox"/> Dancing	<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Music (general)	<input type="checkbox"/> Listening to music
<input type="checkbox"/> Movies	<input type="checkbox"/> Tennis	<input type="checkbox"/> Sports (general)	<input type="checkbox"/> Working out
<input type="checkbox"/> Shopping	<input type="checkbox"/> Attending Plays	<input type="checkbox"/> Writing	<input type="checkbox"/> Playing musical instruments
<input type="checkbox"/> Museums	<input type="checkbox"/> Computers/Video Games	<input type="checkbox"/> Fishing	
<input type="checkbox"/> Other (please specify) _____			

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Any special requests for the mentee we partner you with?

Do you have children? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many? (Please list ages)

Why do you want to be a mentor?

How did you hear about CFLS?
<i>What are your expectations of this program?</i>

Do you have at least four hours a month to devote to a youth? Yes <input type="checkbox"/> No <input type="checkbox"/>

Legal History

All information will be treated as confidential

Have you ever been arrested? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

Have you ever been convicted of felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

Have you had any past or present problems related to abuse of drugs or alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

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Medical History

Do you have any medical condition(s) that would limit your participation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain.		

References

*Please list three non relative references –		
(Name) (Relationship)	(Address)	(Phone number)
1.		
(Name) (Relationship)	(Address)	(Phone number)
2.		
(Name) (Relationship)	(Address)	(Phone number)
3.		

*See below for additional information needed

Background Check

I understand that by signing this application I hereby authorize Community Family Life Services to conduct a criminal background and motor vehicle record check for the safety and well being of all program participants. I further authorize without reservation, any personnel or other entity contacted by Community Family Life Services and/or its agents, to furnish the above-mentioned information.

Photo Release

I understand that by signing this application I hereby consent to the use of my name, likeness and speech in any audiotape, videotape, film, photograph, or electronic transmission or display made during the course of the Mentors, Inc. program for any business purpose.

I certify that the above responses are true to the best of my knowledge.

Signature

Date

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