



ADVISER | FRIEND | TUTOR | TEACHER | COACH | GUIDE
CHANGE THE ODDS. BE A MENTOR.



Volunteer Mentor Application

- Mentoring at Highland Mentoring at Pahokee
- Mentoring at Pioneer Park Mentoring at Lake Worth Middle

Mr./Mrs./Ms./Dr./Miss: _____

Male Female First name Middle Initial Last name

Address: _____

City _____ State _____ Zip _____

Telephone number: Home: _____ Work/Cell: _____

E-mail: _____

Date of Birth: _____

Race/Ethnicity (Check box)

- African American Hispanic/Latino Asian/ Pacific Islander
- Caucasian Native American Haitian
- other _____

Do you speak any other languages? NO YES Which? _____

Volunteer Experience: Never volunteered YES, I have experience:
Where have you volunteered before and in what capacity?

How were you referred to us? (Please check one)

School Community Volunteer fair/outreach
 Family Staff Other _____

Any special interests, hobbies, skills and/or abilities?

What day(s) and time are you available to volunteer: _____

Educational Background:

School: _____ Graduation Year _____

Address: _____

City _____ State _____ Zip _____

School: _____ Graduation Year _____

Address: _____

City _____ State _____ Zip _____

Employment History:

1. Employer: _____ Contact Name: _____
Address: _____
City _____ State _____ Zip _____
Telephone: _____ Dates of employment: _____

2. Employer: _____ Contact Name: _____
Address: _____
City _____ State _____ Zip _____
Telephone: _____ Dates of employment: _____

3. Employer: _____ Contact Name: _____
Address: _____
City _____ State _____ Zip _____
Telephone: _____ Dates of employment: _____

Reference information: Please provide correct information with telephone numbers. Only one family member. Adults only and must have known you for at least one year.

1. Name: _____ Relationship/Length _____
Address: _____
City _____ State _____ Zip _____
Telephone: _____

2. Name: _____ Relationship/Length _____
Address: _____
City _____ State _____ Zip _____
Telephone: _____

3. Name: _____ Relationship/Length _____
Address: _____
City _____ State _____ Zip _____
Telephone: _____

Record check:

***Note: Conviction of a crime will not necessarily disqualify you for volunteering. Each conviction will be judged on its own merit with respect to time and volunteer relatedness.**

1. Have you ever been convicted of, or plead guilty or *nolo contendere* to a crime?
 YES NO

If so, explain: _____

2. Are you currently awaiting trial, sentencing or other disposition of a criminal charge? YES NO

If so, explain: _____

3. Have you ever been discharged or requested to resign from a volunteering?
 YES NO

If so, explain: _____

I, _____, certify that the information I have provided is true and correct. Criminal history checks are done for all volunteers. I understand that I may be terminated based on the results.

Volunteer Mentor Signature

Date