Todd County Mentoring Program

Volunteer Enrollment Application

Full Name_____ Date of Birth _____

Maiden Name (if applicable):_____

Address (mailing):_____
City   State   Zip Code   County

E-mail address _____

Work # _____Home # _____ Cell #_____

Ethnicity _____ Marital Status _____ Male____ Female____

Social Security Number:_____

Employer _____

Employer address _____
City   State   Zip Code   County

Occupation _____ Highest grade Level of Education _____

Can we contact you at work ____Yes ____No   Work Hours _____

How Long Employed _____

<u>References</u>

Please list two references below:
1) A friend, co-worker or neighbor that has known you for at least 2 years; and
2) A close family member, spouse or another friend that has known you for 3 years.

1. Reference #1: _____

  Address _____
City   State   Zip code

  Day Phone # _____Email _____

2. Reference #2: _____

Address: _____

City   State   Zip Code

Day Phone # _____ Email_____

What other organizations have you worked for or been involved with as a volunteer?

_____

_____

What is your school site preference (circle one)?   NTES   STES   TCMS   TCCHS

What days of the week and times will you be available to mentor?_____

I understand that:

1. The references I listed may be contacted by mail, phone or email;
2. The information I provided may be used to conduct a background check; to include driving records, criminal background check and other records where required by local, state or federal law for volunteers working with youth;
3. The Todd County Mentoring Program is not obligated to match me with a child;
4. Other agencies or youth organizations where I have worked or volunteered may be contacted as references; and
5. As part of the enrollment process, you may be asked to provide additional information prior to making any recommendations for assignment.

_____   _____
Signature   Date