



MentorIowa

Volunteer Application

To the applicant: We appreciate your interest in volunteering for Mentor Iowa. Preserving the safety and well-being of our clients is our top priority. For this reason, and because it is a normal part of Court procedure, we reserve the right to make such checks as are deemed appropriate on the suitability of any new volunteer who will be working with juveniles. This applies to professionals as well as volunteer staff, since it is our policy to treat volunteers with all the consideration given professionals.

We trust you will understand this in the spirit intended. Any checks will be made in a manner designed not to cause you embarrassment and all replies will be kept strictly confidential and will be used with professional discretion.

PERSONAL

Date of Application: _____

Name: _____

Date of Birth ___/___/___

Address: _____
(Street) (City) (State) (Zip code)

Home Tel Nbr: (____) _____ Social Security Number: _____ - ____ - _____ E-Mail Address: _____

Occupation: _____ Employer: _____

How do you prefer to be contacted and please rate in order of preference:

Home phone number – Rate _____

Work phone number _____ - Rate _____

Cell phone number _____ - Rate _____

Email _____ - Rate _____

Type of match Individual _____ Couple _____

If this is an individual match, are you married or partnered with someone? Yes or No

If yes, can you provide name of partner _____

Occupation: _____ Employer: _____

If this is a couple match, both participants need to fill out a volunteer application.

If you have legal custody of minors, will you involve them in your match? Yes or No

Person to contact in case of an emergency: _____

Address: _____ Phone: _____ Relationship: _____

Education:

a. Years of high school completed = 1 2 3 4

b. Years of college completed = 1 2 3 4 Major: _____

Minor: _____ Degrees/Certification: _____

To what organizations, social clubs, and/or civic clubs do you belong? _____

Special training, skills, hobbies: _____

Do you have a valid driver's license? Yes No Driver's license # _____

Is a car available to you? Yes No

If yes, are you willing to transport minors? Yes No

Name of insurance company: _____

(Please provide copies of Drivers License and Proof of Car Insurance)

REFERENCES

Please complete the following, including *zip codes*. List people who have known you for at least *two years*, who know you well, and who can address themselves as to how you relate to children and/or how you follow through with commitments. These people will be contacted by our agency. Please *do not* include relatives as references.

1. Name: _____ Relationship to you: _____

Address: _____
(Street) (City) (State) (Zip code)

Phone: (____) _____ Length of acquaintance: _____ years

2. Name: _____ Relationship to you: _____

Address: _____
(Street) (City) (State) (Zip code)

Phone: (____) _____ Length of acquaintance: _____ years

3. Name: _____ Relationship to you: _____

Address: _____
(Street) (City) (State) (Zip code)

Phone: (____) _____ Length of acquaintance: _____ years

4. Name: _____ Relationship to you: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone: (____) _____ Length of acquaintance: _____ years

Do you have any physical or mental problems which would limit participation? Yes No

If so, please explain _____

Have you ever received any psychological treatment or counseling? Yes No

If so, please explain _____

Have you ever been involved, arrested, or convicted of a criminal offense? Yes No

If so, please list the date and the nature of the offense (s) _____

Have you ever been arrested and/or convicted of a crime that involved a minor? Yes No

If so, please explain. _____

Do you have problems with excessive use of drugs or alcohol? Yes No

Have you had problems with drugs or alcohol in the past? Yes No

If so, please indicate how you resolved these problems: _____

Have you ever been the subject of a child abuse investigation? Yes No

If so, please explain: _____

Have you ever been involved in a juvenile court case, either as a child or as an adult? Yes No

If so, what state and please explain: _____

BACKGROUND

How did you learn of the Mentor Iowa Program? _____

Why have you chosen to apply as a volunteer? _____

Have you worked with young people before? _____ Yes _____ No

If so, describe this work briefly: _____

What do you think will be your greatest strengths in relating to a child? _____

What aspects of working with a child would you find most difficult? _____

Where would you place your limitations, if any? _____

What are your current living arrangements (family members, roommates, pets living with you)? _____

Others that reside in the home:

Name: _____ Relationship: _____ Age: _____ Sex: _____

Name: _____ Relationship: _____ Age: _____ Sex: _____

Are you planning any significant life changes within the next year? (i.e. marriage, job, family, moving) _____

In your opinion, what are some characteristics that would describe a good volunteer? _____

I acknowledge and agree that I am not obligated if called upon to perform the volunteer services herein applied for and that Mentor Iowa is not obligated to assign or seek to assign me to a volunteer position.

I understand that as part of the matching process, additional personal information will be elicited from me by the agency professional staff.

I certify that my statements in this application are true, complete, and correct to the best of my knowledge and belief.

I hereby authorize Mentor Iowa to contact the references listed on this application form and to conduct whatever investigation it may deem necessary to determine if I can become an effective volunteer at the agency. I hereby release anyone who provides you with information from liability, specifically, defamation.

Signature of applicant

Date