



PO Box 101 • Windsor, VT 05089 • 802-674-5101 • info@wcmentors.org • www.wcmentors.org

Mentor Application

This form can be filled out digitally using the blue boxes. When complete, please email this to: info@wcmentors.org

Name: _____

Phone: Home _____ Work _____

Mobile _____ May we call you at work? Y__ N__

Email: _____ Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Emergency Contact: _____
Name Phone #

How did you learn about Windsor County Mentors? _____

Which program interests you? _____ Community-based program

_____ School program in _____

Residential History – Please list street addresses and dates of residence for past seven years.

Employment History

Current occupation: _____

Please list the name, location, and date of employment for each employer during the past seven years. For example:

Windsor County Mentors Windsor, VT January 2007 to present

Employment History – continued

Education

Please list any post-secondary education and degrees awarded.

References

Please provide names and contact information for three people you have known for more than three years that we may contact for personal references.

- Indicate ALL of the following: name, relationship to you, town of residence, phone number.
- Include one relative.
- If you are currently employed, list your supervisor (ideally) or a co-worker as one of your references.
- If you have recently moved to this area, include at least one local reference, even if the individual has known you for less than three years.

1. _____

2. _____

3. _____

Legal History

Do you have a valid driver's license? _____ In what state? _____

Have you ever been convicted of a misdemeanor or felony? _____

Have you ever been charged with a DUI? _____

Community Involvement

Current community commitments:

Other volunteer experiences:

Personal background

What personal qualities do you possess that would make you an effective mentor?

What are your hobbies, skills, sports, and interests that you would like to share with a child?

Can you commit to about two hours per week (six to eight hours per month) for one year as a mentor? _____

Do you see yourself working with a particular type or age of child? Please explain.

Optional: Please feel free to describe the importance of any faith or community experiences in your life:

I, the undersigned, state that the above information is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation is grounds for dismissal from the program. I understand that only the information relevant to the match is shared with a mentee's family. Windsor County Mentors custom matches all partnerships and does not guarantee that a volunteer applicant will be matched. Windsor County Mentors reserves the right to terminate a partnership at any time if doing so would be in the best interest of the child, the volunteer, or the program.

I hereby authorize the Executive Director of Windsor County Mentors, Inc., to conduct a review and full disclosure of my references, my past employment, and a background check, including fingerprints, through law enforcement and judicial court records. A photocopy of this release form will be valid as an original thereof, writing of my signature.

Signature _____ Date _____