



REACH ONE YOUTH MENTOR APPLICATION

PERSONAL DATA

Name: _____ Date of birth: ____/____/____

Address: _____ Phone #: _____

City: _____ State: ____ Zip: _____ Cell #: _____

If less than two years, please list previous address: _____

Best time/place to be reached: _____

E-mail address: _____

Emergency Contacts:

Name	Relation	Phone #	Cell #

Sponsoring Congregation/ Civic Group: _____

Marital status:
 ___ Single ___ Married Please indicate other _____

Please list names and DOB of all people residing in your home:

Name	DOB	Relation

Please list any civic, social, or professional organizations you belong to: _____

Do you own a gun or firearm? _____

Have you ever applied to become a mentor in the past? _____

If yes, when? _____ Where? _____

Please list the geographic area, city or town in which you would like your mentee to live: _____

EMPLOYMENT /VOLUNTEER DATA
(If not employed, please give organization(s) where you volunteer.)

Employer/ Organization's name: _____

Employer/Org. address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Can you be contacted at work ____yes ____no

Your position/title: _____ Dates worked there: _____

PREVIOUS EMPLOYMENT/VOLUNTEER HISTORY

Name of employer/Org.	Position	Dates	Reason for Leaving
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EDUCATIONAL DATA

Highest level education completed: _____

Last school attended: _____ Dates: _____

Major subject: _____ Year graduated: _____

Do you speak a second language: Yes ____ No ____ If yes please list language(s):

1. _____ 2. _____ 3. _____

REFERENCES

Please list full names and addresses of two personal character references that you have known for at least two years and are not related to you. The third reference should be a professional reference: employer, supervisor or clergy. Please notify these individuals to expect written or oral contact by this agency. Please print legibly and completely.

1. Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____

2. Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____

3. Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____

CERTIFICATION OF TRUE AND ACCURATE INFORMATION

I certify, to the best of my ability, that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent volunteer information forms, is grounds for removal from the program.

I acknowledge and agree that I am not obligated, if called upon, to perform the volunteer services herein applied for and that Covenant to Care is not obligated to assign, or actively seek to assign me a mentee (youth) and, as part of the agency's matching process, additional personal information will be elicited from me by professional personnel of the agency. I understand that my application becomes the property of Covenant to Care and that in the event of denial the reason for the same need not be given.

Signature: _____ Date: _____

Please turn to last page.

Please check the mentor population you would like to work with:

Reach One Youth Mentor Program:

Teen boy _____

Teen girl _____

Teen mother _____

Please attach or include:

- A check or money order (no cash please) in the amount of \$30 made payable to Covenant to Care in order to help defray the cost (\$50) of the criminal background check. ***Exceptions can be made on the fee. Please submit a letter with application requesting a waiver and stating the reason.***
- A copy of your driver's license.
- A copy of current proof of insurance for your motor vehicle.
- Signed Confidentiality Policy
- Please return application to Volunteer Coordinator or mail to: 120 Mountain Ave Suite 212 Bloomfield, CT 06002

Please note: Covenant to Care does not discriminate with regards to applicant's race, color, creed, gender, sexual orientation, marital status, place of natural origin, age or disability.