



# Community Mentor Application



## Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

SSN: \_\_\_\_\_ (Required for background screening purposes)

## Volunteer Questions

Indicate your grade preference:  
(Check all that apply)

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Third  |
| <input type="checkbox"/> First        | <input type="checkbox"/> Fourth |
| <input type="checkbox"/> Second       | <input type="checkbox"/> Fifth  |

What days of the week are you available to volunteer? (check all that apply):

- Tuesday    Wednesday    Thursday

Why do you want to become a mentor?

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What do you feel are the strengths (bilingual, math skills, previous experiences) you can bring to this program?

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Do you have any previous experience volunteering, mentoring or working with youth?

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Educational Background (mark one):

- |   |   |
|---|---|
| <input type="checkbox"/> Some high school     | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Technical school             |
| <input type="checkbox"/> Some college         | <input type="checkbox"/> College graduate             |

List companies you have worked or volunteered for beginning with your current position:

Employer	Dates	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Volunteer Questions Continued

Please list three references (please include at least one family member, one personal friend and one work reference):

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**Phone number** \_\_\_\_\_ **Relationship** \_\_\_\_\_

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**It is the policy of the Burlington Community School District Board of Directors to make every reasonable effort to provide a safe learning environment for students working with volunteers. Therefore, the District requires the following confidential information from volunteers who work directly with students or assist staff on a regular basis; supervise/chaperone students; or act as a primary authority figure**

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been the subject of or listed as the perpetrator in a founded child abuse report? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you required to register as a sex offender with the sex offender registry? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you currently have charges pending or are there any ongoing investigations relating to any of the aforementioned? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answer YES to any above question, please explain below:

**In completing this application to be a volunteer, I understand that the BCSD Club M Mentoring Program performs criminal checks of all volunteers for the Mentor position of which I am applying.**

\_\_\_\_\_ (initial) I release the BCSD Club M Mentoring Program of all liability of injury, death, or other damages to me, my family, estate, heirs, or assigns that may result from his/her participation in the program including but not limited to transportation, and hold harmless any Club M mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_\_ (initial) I am in receipt of the Child Safety Handbook provided by the program and understand the rules, policies, and child safety regulations. I understand the child abuse reporting procedures and policies as outlined in the handbook.

\_\_\_\_\_ (initial & optional) I agree to allow Club M Mentoring to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

By signing below, I attest to the truthfulness of all of the information provided and agree to all of the above terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_