

Applicant Contact Information

Name/Pronouns: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ E-Mail Address: _____

How did you hear about this volunteer opportunity?

Online Advertisement Radio Other: _____

1. Please indicate if you have any experience with mentorship programs or working with young people.

2. What volunteer or related work experience do you have?

3. Why do you want to volunteer as a mentor with the Mentorship Program?

4. In your opinion, what types of supports do youth require in order to be successful?

5. As a mentor, what role do you see yourself playing in the youth's life?

Peer Sibling Parent/Guardian Grandparent Friend

Please explain your choice:

6. Are you currently attending school? If yes, what are you studying?

7. Where do you see yourself in one year's time?

8. *What skills/hobbies/interests do you have that you would like to share with a youth? Please indicate:

9. Will you have any problems obtaining a clean criminal record check?

Yes No Explain: _____

10. Are you able to commit 1-4 hours per week for a minimum of 1 year?

Yes No

11. Do you have a valid Drivers License?

Yes No

12. Do you have access to a vehicle?

Yes No

13. During which hours are you available to meet a youth?

Weekday mornings Weekday afternoons Weekday evenings

Emergency Contact

Name: _____ Relationship: _____
City: _____ Phone: _____
E-Mail Address: _____

References

Reference 1 – Present or Past Employer

Name: _____ Relationship: _____
City: _____ Phone: _____
E-Mail Address: _____

Reference 2 – Present or Past Employer

Name: _____ Relationship: _____
City: _____ Phone: _____
E-Mail Address: _____

Reference 3 – Present or Past Employer

Name: _____ Relationship: _____
City: _____ Phone: _____
E-Mail Address: _____

Volunteer Applicant Permission and Release

I acknowledge and accept that this application does not guarantee acceptance into this program, and that Young Adult Portal Incorporated is under no obligation to accept or assign me as a Volunteer Mentor. I hereby authorize Young Adult Portal Incorporated to contact any or all of the references I have listed above for the purposes of processing my application to become a Volunteer Mentor with the Mentorship Program. I understand that these references will be contacted in confidence.

The implications of this waiver have been explained to me and I acknowledge, understand and consent to them. I further acknowledge that this waiver is signed of my own free will.

X

Applicant Signature

Applicant Printed Name:

Date

Please submit the completed application along with a copy of your current resume to: info@youngadultportal.org