



Communities In Schools Mentoring Program
Mentor Program Application

Name: _____ Home Phone: (____)_____

Cell Phone: _____ E-Mail Address: _____

Address: _____ City _____ Zip _____

How long have you lived at this address? _____

List previous address if you have lived at current address less than two years: _____

How long have you lived in this county? _____ In North Carolina? _____

Mentoring Program requires in addition to completing this application to also complete a Cleveland County Schools Volunteer Application. That form will need information regarding DOB, SS#, and Driver's License #. This information will be used to complete a background check and driving record check.

Family Status: Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

Emergency Contact Person: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell: _____

Employment Information:

Employer: _____ Your Position: _____

Phone: (____) _____ Schedule: _____ May we call you at work? _____

List previous employer if current employment is less than two (2) years.

Employer: _____ Your Position: _____

Phone: (____) _____ Schedule: _____ May we call you at work? _____

EDUCATION (Indicate schools, majors, degrees): _____

Why are you interested in volunteering with Communities In Schools of Cleveland County? _____

Please list any experience volunteer experience

Agency Name: _____

Dates of volunteer work: _____ Contact Name and #: _____

Did you volunteer directly with youth with the organization: _____ If yes briefly explain: _____

Describe other volunteer responsibilities and reason for leaving, if applicable: _____

Agency Name: _____

Dates of volunteer work: _____ Contact Name and #: _____

Did you volunteer directly with youth with the organization: _____ If yes briefly explain: _____

Describe other volunteer responsibilities and reason for leaving, if applicable: _____

Agency Name: _____

Dates of volunteer work: _____ Contact Name and #: _____

Did you volunteer directly with youth with the organization: _____ If yes briefly explain: _____

Describe other volunteer responsibilities and reason for leaving, if applicable: _____

What are your hobbies, skills, special talents, interests? _____

Please list clubs, professional organizations, church or temple affiliation (indicate offices held and year) _____

Please check all that apply:

_____ One-on-One mentoring with a youth

_____ Transportation

_____ Teaching a skill or a hobby to a youth

_____ Fundraising

_____ Tutoring

_____ Group activities

_____ Donating professional services, i.e. medical, dental, legal, artwork, etc.

The Communities In Schools Mentoring Program requires that adult volunteers matched with youth to fulfill a minimum of one hour per week commitment for one year. Please list any extenuating circumstances that would prevent you from fulfilling the required time commitment.

Do you have any history of alcohol or drug abuse? _____

If yes, briefly explain including any treatment received: _____

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

If yes, state offense and date of conviction _____

Have you ever been convicted of a traffic offense? _____

If yes, dates: _____

List four references (not relatives) who have known you for at least one year. Include complete mailing addresses.

1. Name: _____

Address: _____

Home Phone: (_____) _____ City _____ State _____ Zip _____
Work Phone: (_____) _____

Email: _____ Relationship _____

2. Name: _____

Address: _____

Home Phone: (_____) _____ City _____ State _____ Zip _____
Work Phone: (_____) _____

Email: _____ Relationship _____

3. Name: _____

Address: _____

Home Phone: (_____) _____ City _____ State _____ Zip _____
Work Phone: (_____) _____

Email: _____ Relationship _____

4. Name: _____

Address: _____

Home Phone: (_____) _____ City _____ State _____ Zip _____
Work Phone: (_____) _____

Email: _____ Relationship _____

I certify that all information on this application is true to the best of my knowledge. I understand that any false statements, withheld information, or negative feedback from references will be reason to disqualify me from serving as a Communities In Schools Mentoring Program volunteer.

I give my permission to the Mentoring Program to contact the references listed above. I also understand that a criminal background check will be conducted, using the completed and signed volunteer application through Cleveland County Schools. Furthermore, I authorize the Mentoring Program to inquire about my previous/present volunteer and work experience.

Signature: _____

Date: _____

