

# VOLUNTEER APPLICATION

Our goal is to provide consistency and continuity in our youth's lives and community. We serve children from grade school to college. Youth in our program build internal and external assets and gain tools to help achieve personal growth, social enhancement, academic success and career development while decreasing the chances of criminal behavior, teen pregnancies and low educational attainment. Thank you for your interest in becoming part of Trust Mentoring's group of volunteers and staff.

**Please indicate your position of interest and level of commitment (please check all that apply).**

Board Member (also requires Board Member Application)

Area(s) of interest:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mentoring               | <input type="checkbox"/> Mentor/Mentee Support | <input type="checkbox"/> Event Coordinating |
| <input type="checkbox"/> Training and Support    | <input type="checkbox"/> Computer/IT           | <input type="checkbox"/> Fund-raising       |
| <input type="checkbox"/> Financial               | <input type="checkbox"/> Legal                 | <input type="checkbox"/> Marketing          |
| <input type="checkbox"/> Human Resources         | <input type="checkbox"/> Clerical              | <input type="checkbox"/> Public Relations   |
| <input type="checkbox"/> Policies and Procedures | <input type="checkbox"/> Other _____           |   |

Commitment Level:

1x week     1x month     Quarterly     Yearly     Other \_\_\_\_\_

## APPLICATION PREREQUISITES

- Applicant must be 18 years of age or older.
- The applicant must pass a criminal background check conducted by Trust Mentoring
- Additional requirements are listed in Trust Mentoring's Policies and Procedures

## APPLICATION PROCESS

- Submit an application
- Complete Screening an Criminal Background Check
- Attend an interview

## CONTACT AND PERSONAL INFORMATION

<b>Name (first and last)</b>	<b>E-mail address</b>
<b>Address (street address, city, state, zip code)</b>	
<b>Phone Number(s)</b>	<b>Emergency contact info (name and phone)</b>

**Best method to contact you (circle one),**    EMAIL    TEXT    CELL PHONE    WORK PHONE

Date of Birth	Gender
How do you identify yourself, including, but not limited to, religious and ethnic heritage?	

## EMPLOYMENT INFORMATION

Employer	Title/Position Held and Years Held
Employer Address (street address, city, state, zip code)	
Supervisor's Name and Phone Number	
Does your employer promote volunteer activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain	
Please indicate if you are willing to approach your employer about any of the following:  <input type="checkbox"/> Mentoring Opportunities <input type="checkbox"/> In-Kind Donations/Services <input type="checkbox"/> Corporate Sponsorship	

## INTERESTS

<p>What are your hobbies/interests/passions?</p> <p>What organizations / clubs / groups do you or have you belonged to?</p>
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## EDUCATION AND TRAINING

<b>High School Attended</b>	<b>Graduation Year</b>
<b>College Attended</b>	<b>Graduation Year / Degree</b>
<b>Other Education or Special Training</b>	
<b>Please list any languages that you speak below. For other than English, indicate level of skill.</b>	

## APPLICATION QUESTIONS

How did you find out about Trust Mentoring?

Please list any prior volunteer experience including the organization name, dates and type involvement.

Do you have any experience volunteering or working with youth? If so, please specify.  Yes  No

Do you have any disabilities that may effect your involvement in the program? If yes, please specify.  Yes  No

Do you use tobacco products? If so, what and how often?  Yes  No

Have you ever been convicted of any crime against a child or other persons? If yes, explain below.  Yes  No

Have you ever been convicted of a crime related to financial exploitation if the victim was a vulnerable adult? If yes, explain below.  Yes  No

Have you ever been convicted of a crime related to drugs as defined in RCW 43.43.830? If yes, explain below.  Yes  No

Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.  Yes  No

Have you ever received treatment for alcohol or substance abuse? If yes, please explain.  Yes  No

Are you currently using any illegal drugs or controlled substances?  Yes  No

Have you applied to volunteer with Trust Mentoring in the past? If yes, when?  Yes  No

Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?  Yes  No

Are you willing to attend an initial mentor training session and one in-service training session per year after being matched?  Yes  No

## SCREENING PROCESS AND BACKGROUND CHECK

Trust Mentoring allows applicants to disclose criminal records during the application process. Having a criminal history does not preclude an individual from volunteering. However, if it is not truthfully disclosed he/she will be considered ineligible to volunteer at Trust Mentoring. Trust Mentoring works with children and therefore is required to screen our volunteers. Please respond to the following question.

**Have you ever been charged/indicted for any crime?**  YES  NO

If yes, please describe.

## REFERENCES

References are *required*. Please list three (3) references that you have known for at least one (1) year. Relatives or family members cannot be used as references. References will be contacted by phone or mail. The information supplied by your references will remain confidential.

First Name	Last Name	Relationship / Yrs known	Phone / Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Please read carefully before signing

Trust Mentoring appreciates your interest in becoming a volunteer.

\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_ I understand that photos and video/audio recordings of me may be made during Trust Mentoring meetings, events and activities that may be used in whole or in part by Trust Mentoring to promote the Trust Mentoring Program.

\_\_\_\_ I understand that if I am accepted as a volunteer or offered employment with Trust Mentoring, that my employment is at-will, meaning that employment can be terminated with or without cause and with or without notice at any time, at the option of either employee, volunteer, staff, or company; and that no employee of the company has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

\_\_\_\_ I understand that youth and adult participants at Trust Mentoring meetings, events and activities may be asked to complete an evaluation. Completion of evaluations are always optional.

\_\_\_\_ I understand that Trust Mentoring is not obligated to provide a reason for their decision in accepting or rejecting me as a volunteer.

\_\_\_\_ I understand that third-party investigative agencies will be conducting a background check on all volunteer applicants prior to their acceptance into the program, and a DMV Driving Record will also be requested. Any information obtained by the investigative agency conducting the background check will be used only in connection with my participation in Trust Mentoring.

\_\_\_\_ I understand that I must return all of the following *completed* items along with this application and that any incomplete information will result in delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance

### Items part of this packet:

- Information Release Form (page 6 of this packet)
- Photo Release (page 7 of this packet)
- Mentor Interest Survey (if applying for mentor volunteer position, page 8 of this packet)

I, \_\_\_\_\_ (*print full name*), want to serve as a volunteer for Trust Mentoring. Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

\_\_\_\_\_  
Date and Place

\_\_\_\_\_  
Signature above, print below

## INFORMATION RELEASE

I, \_\_\_\_\_, understand it will be necessary for Trust Mentoring to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Trust Mentoring to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for Trust Mentoring to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature	Printed Full Name	Date
Address _____		City/State/Zip _____
Date of Birth ___/___/_____	Social Security No _____-____-_____	
Current Driver's License Number _____		State _____

**Please list any other cities, states, and dates of residency during the past 10 years.**

City	State	From (M/Yr)	To (M/Yr)

## PHOTO RELEASE FORM

I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of Trust Mentoring shall be used for any legal purpose including but not limited to displays, brochures, newsletters, archives, news releases, publicity and web sites.

I hereby irrevocably authorize Trust Mentoring to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, with or without my name, including composite or artistic forms and media, for purposes of publicizing Trust Mentoring programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge Trust Mentoring from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read, understand and agree to the foregoing.

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Date

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Address

City

State

Zip

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Signature

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Printed Name

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Date of Birth

# MENTOR INTEREST SURVEY

(Please only complete this page if interested in mentoring)

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Circle any of the words below that you think describe your personality**

quiet	shy	nervous	outgoing	adventuresome
talkative	friendly	insecure	inquisitive	withdrawn
confident	spiritual	sensitive	happy	moody

**Check any activities below that you enjoy. Circle ones that you are interested in.**

**Arts and Crafts**

- Bead work
- Carving
- Crocheting
- Drawing
- Fashion/design
- Interior design
- Knitting
- Painting
- Scrapbooking
- Sewing
- Quilting

**Recreation and Entertainment**

- Bike Riding
- Board Games
- Boating
- Canoeing
- Collecting Things
- Concerts
- Cooking
- Dancing
- Fishing
- Four Wheeling
- Hiking
- Horseback Riding
- Local Festivals
- Model Cars
- Movies
- Music
- Musical Instrument \_\_\_\_\_
- Playing Cards
- Plays/acting
- Picnicking

- Pool, Pinball, Foosball
- Reading
- Running
- Shopping
- Singing
- Video Games
- Walking
- Working On Cars
- Writing

**Science/Technology**

- Animals (cats, dogs, horses \_\_\_\_\_)
- Astronomy
- Computers
- Gardening
- Local Travel
- Nature
- Photography
- RC Cars
- Taking Things Apart

**Sports**

- Baseball (playing/watching)
- Basketball (playing/watching)
- Bowling
- Football (playing/watching)
- Frisbee
- Golf
- Go-Karting
- Hockey
- Ice Skating
- Martial Arts
- Mini Golf
- Ping Pong
- Racing

- Roller Skating
- Skiing
- Sledding
- Snowboarding
- Swimming
- Tennis
- Volleyball
- Weightlifting
- Wrestling

**Of the choices you checked, please list your top 5:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Favorite Candy**

**Favorite Food**

**Favorite Restaurant**

**Favorite TV Show**

**Favorite Music Group**