



Hamilton School Volunteer Mentor Application

Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Occupation: _____ Employer: _____

Employer's Address: _____

How did you hear about Mentor Me? _____

Driver's license # _____ Birthdate: _____

1. Have you ever been convicted or plead guilty to any crime(s): ___ yes ___ no If yes, please explain:

2. Has any other youth program refused you as a volunteer? ___ yes ___ no If yes, please explain:

(Answering yes to questions 1 and 2 above does not necessarily preclude you from becoming a mentor. Please be honest with the information you supply. Use the back of the paper if necessary.)

3. Special professional training, skills, hobbies and interests:

4. Community Affiliations (clubs, service organizations, etc.)

5. Previous volunteer experience (please include name of organization, contact name and telephone number):

6. What experience do you have in working with/raising children ?

7. What interests you about becoming a mentor to a child?

8. What do you hope the experience of mentoring a child will be like?

9. Special certificates (e.e. CPR, medical, ece units, etc.) _____

10. Do you have children at Hamilton School? ____yes ____no

11. Other than English, what language(s) do you speak? _____

12. Personality traits: (Circle those which best describe you.)

friendly funny quiet serious patient reserved talkative musical
outgoing athletic artistic organized curious studious thoughtful other?

13. Best times to mentor: (Day of the week, morning/afternoon, etc. – Mentor Center hours are typically 12:00-5:00pm)

Matching with a student: Mentor Me Hamilton School has students ages 5-14 on our waiting list. Our goal is to match new mentors with children and youth who have the greatest need, whether that is measured by the longest time on the waiting list, a family crisis or some other situation.

If you would like to indicate a preference for an elementary (grades K-5) or a middle school (grades 6-8) student and/or a boy or a girl, please do so below. We will do our best to honor your preference, keeping in mind our goal of matching students with greatest need. It is not necessary to state a preference.

____Elementary ____Middle ____Boy ____Girl

____ I give permission **OR** ____ I do not give permission for Mentor Me to share my email address with my mentee's teacher/counselor, so that I can be advised about field trips, etc.

____ I give permission **OR** ____ I do not give permission for Mentor Me to include my ____name, ____email address, ____phone number in the roster of mentors, to be used internally within the program.

References. Please send a reference form to each of these three people; have them complete and return the forms to the Executive Director at the MM office.

Name: _____Telephone: _____

Name: _____Telephone: _____

Name: _____Telephone: _____

As a condition of volunteering, I give Mentor Me permission to conduct a background check on me, which may include contacting my references and may include a review of sex offender registries, child abuse and criminal history records and a DMV check. I understand that, if appointed, my position is conditional upon Mentor Me's receiving no inappropriate information on my background check. I hereby release and agree to hold harmless from liability Mentor Me, the officers, employees and volunteers thereof, or any person or organization that may provide such information. I also understand that regardless of previous appointments, Mentor Me is not obligated to appoint me a volunteer position.

Applicant signature: _____ **Date:** _____

Note: Mentor Me will not discriminate against any person on the basis of race, creed, religion, color, national origin, marital status, gender, sexual orientation or disability.

Mentor Me staff use only:

Background checks completed by Executive Director

Date check was completed _____

Attach to the top of application: copies of background check reports that reveal convictions of the applicant.

Training Date _____

Match Made: Date _____ School Site _____ Mentee Name: _____

Return application: scan and email to: info@mentormepetaluma.org, fax to: 1-707-778-1176, or send to Mentor Me, 426 8th Street, Petaluma, CA 94952.