

Kindling Connections Mentoring Program

A project of Mercy Connections, Inc
346 Shelburne Road Burlington, VT 05401 846-7164

Volunteer Mentor Application

Application Date: _____ How you heard about the Program: _____

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____

Address: (street, city, state, zip) _____

Mailing address if different from above: _____

Telephone: _____ home; _____ work; _____ cell _____

E-Mail Address: _____

BACKGROUND INFORMATION:

Education: _____

Previous Volunteer Experience: _____

Are you presently employed? ___yes; ___no; if yes, how many hours per week? ___hrs.

Employer's Name/Address/Phone (please attach resume if available):

Responsibilities in present position: _____

List any arrests or convictions (please note that all applicants will have a background check): _____

Have you ever been investigated for child abuse or neglect: ___yes; ___no; if yes, please explain:

Is anyone in your immediate family currently under the supervision of the Vermont Department of Corrections?
___yes; ___no

INFORMATION FOR MAKING A BEST MENTEE MATCH:

Which of your life experiences will be helpful in working with a mentee? _____

What leads to your interest in being a volunteer mentor to a woman who is looking to get ahead or get back to work after being unemployed or underemployed for a duration of time? What are your goals in developing this relationship?

SEE OTHER SIDE

Please list your special skills, hobbies, or interests:(particularly those that might be helpful to the Program or to the mentee)

Please list current or previous volunteer activities or civic involvement: _____

Do you have children? ___yes; ___no; if yes, list the number of children and their ages:

Please list three references we may contact (include at least one employer and one friend):

	<u>Name and Relationship</u>	<u>Address</u>	<u>Telephone/E-Mail</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

What is your means of transportation: ___car; ___bus; _____other

Do you speak any language than English or can you sign for the deaf? ___yes; ___no. If so, please list:

How far are you willing to travel to meet your mentee? _____

What times (days of week and times of day) are you available to meet with your mentee: _____

What weekday evenings would not be available for you to attend Program trainings and activities?

What particular characteristics or qualities, if any, would you prefer in your mentee: _____

Additional Comments: _____

Signature

Date