

## Vermont Women's Mentoring Program

A project of Mercy Connections, Inc and Vermont Works for Women  
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 conducted by the Department of Corrections (DOC) as a part of becoming a DOC volunteer): \_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_

**SEE OTHER SIDE**

What leads to your interest in being a volunteer mentor to a woman offender? What are your goals in developing this relationship?

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

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Please list current or previous volunteer activities or civic involvement: \_\_\_\_\_

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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):

Name and Relationship	Address	Telephone/E-Mail
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:

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How far are you willing to travel to meet your mentee? \_\_\_\_\_

If your mentee is incarcerated in Windsor or Dale, would you be willing to travel to visit her prior to her release?

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

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

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

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Additional Comments: \_\_\_\_\_

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Signature

Date