

# Johnston County Youth Mentoring Program



## Volunteer Application

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ NCDL # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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? \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_ Insurance Exp. Date: / / Date Verified: \_\_\_\_\_

Family Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Names and ages of children in your home \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Your Position: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_\_ Schedule:\_\_\_\_\_ May we call you at work? \_\_\_\_\_

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EDUCATION (Indicate schools, majors, degrees): \_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

Please list any experience working with youth; (i.e. church, scouts, etc.). Include dates.

List any other volunteer experiences \_\_\_\_\_

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:

- |   |   |
|---|---|
| <input type="checkbox"/> One-on-One mentoring with a youth      | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Teaching a skill or a hobby to a youth | <input type="checkbox"/> Fundraising      |
| <input type="checkbox"/> Tutoring                               | <input type="checkbox"/> Group activities |

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

Johnston County Youth Mentoring Program, Inc. requires that adult volunteers matched with youth to fulfill a minimum of two (2) hours per week commitment for one year. Please list any extenuating circumstances that would prevent you from fulfilling the required time commitment.

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Do you take any illegal drugs? \_\_\_\_\_

Do you have any history of excessive use of any drugs (over the counter, prescription, and/or alcohol)? \_\_\_\_\_

Have you ever been in treatment (i.e. abuse, alcohol, drugs, emotional problems, etc.)? If so, when and what were the results? \_\_\_\_\_

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Have you ever been convicted of a misdemeanor or felony other than traffic offenses? \_\_\_\_\_

If yes, state offense and date of conviction \_\_\_\_\_

Have you ever been convicted of a traffic offense? If yes, dates: \_\_\_\_\_

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**List four references (not relatives) who have known you for at least one year. One must be your employer. Include complete mailing addresses.**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip  
Home Phone: ( \_\_\_\_\_ ) Work Phone: ( \_\_\_\_\_ )

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Home Phone: ( \_\_\_\_\_ ) Work Phone: ( \_\_\_\_\_ )

If you have done volunteer work with a youth prior to this time, list as a reference your supervisor(s) from that experience, even if it occurred in another state.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Home Phone:( \_\_\_\_\_ ) Work Phone:( \_\_\_\_\_ )

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Home Phone: ( \_\_\_\_\_ ) Work Phone:( \_\_\_\_\_ )

I certify that all information on this application is true to the best of my knowledge. I understand that any false statements or withheld information will be reason to disqualify me from serving as a Johnston County Youth Mentoring Program, Inc. volunteer.

I give my permission to the Director of this program to contact the references listed above. I also understand that a criminal background check will be conducted. Furthermore, I authorize the Director to inquire about my previous/present volunteer and work experience. I understand and agree that a negative reference may result in me not becoming a Johnston County Youth Mentoring Program, Inc. volunteer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_