



Youth Advocacy Program Volunteer Mentor Application

VOLUNTEER INFORMATION		
Name:		
Date of birth:	Last 4 digits of SSN:	Email:
Current address:		
City:	State:	ZIP Code:
Phone# (h)	Phone# (c)	
How long have you lived in the area?		
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Previous work experience:		
VOLUNTEER EXPERIENCE, INTERESTS and SKILLS		
Previous volunteer experience, if any:		
Describe any specialized experience with youth, if any:		
Interests and hobbies:		
Special training, for example art, music, crafts, etc.		
Foreign language skills: <input type="checkbox"/> speak <input type="checkbox"/> read <input type="checkbox"/> write		Language:
3 PERSONAL REFERENCES (NON-RELATIVE)		
<i>REFERENCE #1</i>		
Name:	Relationship:	Phone:
Current address:		
City:	State:	ZIP Code:
<i>REFERENCE #2</i>		
Name:	Relationship:	Phone:
Current address:		
City:	State:	ZIP Code:
<i>REFERENCE #3</i>		
Name:	Relationship:	Phone:
Current address:		
City:	State:	ZIP Code:
PERSON TO NOTIFY IN CASE OF EMERGENCY		
Name:	Relationship:	Phone:
ADDITIONAL INFORMATION		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any medical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		
Have you ever been or are you currently in recovery for alcohol or drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain here and request the <i>Consent to Release of Confidential Information</i> from the program coordinator.		
Signature:	Date:	



**Youth Advocacy Program
Volunteer Mentor Job Description**

Mentors report to the Youth Advocacy Program Coordinator.

The goal of being a mentor is to serve as a role model, working with the youth in the community under the policies and guidelines of The Bridge Youth & Family Services *Youth Advocacy Program*

Responsibilities:

1. Build and maintain a relationship with the youth with whom you are matched that:
 - a. Focuses on guidance, support, trust and friendship;
 - b. Provides a positive role model;
 - c. Works towards goals established by the program coordinator, child and parent(s);
 - d. Includes activities at least once each week during the weeks that the child is available;
 - e. Lasts for a minimum of one year;
 - f. Adheres to the principles of service to the youth of The Bridge; and
 - g. Is conducted in a manner that is consistent with the community's image and the standards of The Bridge.

2. Maintain regular contact with the Youth Advocacy Program Coordinator and others involved in the program by:
 - a. Submitting monthly reports listing successes, challenges and activities with your mentee,;
 - b. Attending monthly mentor meetings;
 - c. Attending at least 1 of the 2 group activities each month; and
 - d. Participating in periodic evaluations regarding effectiveness in the role as a mentor.

3. Maintain a good working relationship with mentee's parent(s) by;
 - a. Informing the parent(s) of times and dates for meeting with your mentee, and
 - b. Confirming that your mentee has checked with parent(s) for approval of meeting times and dates.

Meeting these responsibilities is necessary for the success and accountability of the Youth Advocacy Program. Maintaining contact with the program coordinator and seeking that person's advice as your supervisor is crucial to the success of the program.

By signing below, I acknowledge that I have read and understand my responsibilities as a mentor in The Bridge Youth Advocacy Program.

Volunteer signature

Date



**Youth Advocacy Program
Insurance Verification and
Consent to Driving Record Inquiry**

**A COPY OF A VALID DRIVER'S LICENSE AND AUTO INSURANCE CARD MUST BE ON FILE.
UPON RENEWAL, NEW COPIES MUST BE SUBMITTED.**

Volunteer name:	Driver's license number:
Auto insurance company:	Auto insurance policy number:
Name of agent:	Agent's phone number:

Bodily Injury Liability Coverage

Per person:

Per occurrence:

Property Damage Liability Coverage

Per person:

Per occurrence:

Uninsured Motorist Coverage

Per person:

Per occurrence:

Medical Payments

Per person:

Volunteer signature

Date