



Mentor 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:	



**Mentor 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



**Mentor Program
Volunteer Mentor Job Description**

Mentors report to the Mentor Program Coordinator.

Mentors help at-risk youth develop a more positive outlook on their futures, improve academically, and get along better with their peers and family members.

Responsibilities:

1. Establish and maintain a positive personal relationship:
 - Focus on guidance, support, trust and friendship
 - Provide a positive role model
 - Include activities at least once each week during the weeks that the child is available
 - Adhere to the policies and principles of service to the youth of The Bridge
 - Conduct relationship in a manner that is consistent with the community's image and the standards of The Bridge
 - Inform mentee's parent(s)/caregiver of times and dates for meeting and confirm that mentee has checked with parent(s)/caregiver for approval of meeting times and dates
2. Help young people develop life skills.
 - Works towards goals established by the program coordinator, child, and parent(s)
 - Help develop life-management skills
3. Maintain regular contact with the Mentor Program Coordinator and others involved in the program by:
 - Submitting monthly reports listing successes, challenges, and activities with your mentee
 - Attending monthly mentor meetings
 - Attending at least 1 of the 2 group activities each month; and
 - Participating in periodic evaluations regarding effectiveness in the role as a mentor
4. Increasing awareness of and ability to interact with other social and cultural groups
 - Attend training focused on better understanding of issues currently affecting youth

Meeting these responsibilities is necessary for the success and accountability of the Mentor Program. Maintaining contact with the Mentor Program Coordinator 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 Mentor Program.

Volunteer signature

Date