



creating connections

Sara Holbrook Community Center 66 North Avenue, Burlington Vermont 05401: 802.862.6342: www.saraholbrookcc.org

MENTOR APPLICATION

Name: _____ Today's Date: _____ Birth Date: _____

Gender: _____ Ethnicity: _____

Home Address: _____
Street Address City State Postal Code

Home Phone No. _____ E-mail Address: _____

Affiliation/Employer: _____

Work Address: _____
Street Address City State Postal Code

Work Phone No. _____ Supervisor's Name: _____

May we contact your employer?: Yes _____ No _____

Education and Training

High School Attended: _____ Year of Graduation: _____

College Attended: _____ Degree: _____

Other Education and/or Special Training: _____

Do you speak any languages other than English? _____ If so, please indicate below:

Language	Read	Write	Fluent

Please List prior Volunteer Experience

Organization

Date Started/Completed

Activity

Organization	Date Started/Completed	Activity

References

Please list three (3) references who you have known for at least one (1) year. **One of these references must be your current supervisor, if applicable. Relatives or family members cannot be used as references.** Please give complete addresses and phone numbers. References will be contacted by phone or mail. The information furnished to us by your references will remain strictly confidential.

Name: _____ Relationship: _____

Phone Number: _____ Number of Years Known: _____

Name: _____ Relationship: _____

Phone Number: _____ Number of Years Known: _____

Name: _____ Relationship: _____

Phone Number: _____ Number of Years Known: _____

Driving

How long have you had your driver's license? _____ In which state are you registered? _____

What is your License number? _____ Date Issued? _____

Do you carry insurance: _____

Have you had a moving violation in the past five years? Yes _____ No _____

- If so, what was the date of the violation(s)? _____ (month/year)
- In what state did the violation(s) occur? _____
- What was the nature of the violation(s)?

Have you ever been arrested in regards to a DWI (Driving While Intoxicated) or DUI (Driving Under the Influence) Yes _____ No _____

Please provide the Creating Connections staff with a copy of your Auto Insurance Card and Driver's License.

Application Questions

Your responses to the following questions will help us determine whether you are a good fit for the Sara Holbrook Community Center Creating Connections program and match you with a mentee.

1. Why do you want to be a mentor with the Creating Connections program?

2. Do you have any previous experience volunteering or working with youth? If so, please specify.

3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

4. What do you think will be most challenging about being a mentor?

5. What do you hope to gain from becoming a mentor?

6. How did you hear about the Creating Connections program?

Please read this carefully before signing:

Sara Holbrook Community Center Creating Connections Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that Creating Connections Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow Creating Connections Mentoring Program to use any photographic image, whether still or video, of me taken while participating in the mentoring program. These images may be used in, but not limited to, promotions or other related marketing materials including newsletters, blogs, or organization web page.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date