



Adult Volunteer Application CONFIDENTIAL

This application is confidential and needs to be fully completed by the applicant. Please attach any additional information that may be necessary.

Personal Profile

First: _____ Middle: _____ Last: _____

Mailing Address: _____ Home phone: _____

Physical Address: _____ Work phone: _____

Email: _____ Cell phone: _____

Previous Physical Address (if lived at present address less than 1 year):

Social Security #: _____ Birthdate: _____ Age: _____

Optional: Religious Preference: _____ Race: _____ Marital Status: _____ Sex: _____

Emergency Contact Name: _____ Relationship: _____

Phone(s): (h) _____ (w) _____ (c) _____

Physical Address: _____

Briefly describe why you would like to be a Mentor / Activity Volunteer:

Briefly describe any other community groups/volunteerism you are involved with:

Printed Name _____



Employment History

Present Employer: _____ Phone #: _____

Address: _____

Occupation: _____ Supervisor Name: _____

Hours generally worked: _____

List other positions recently held:

Employer	Position	Length of Employment
1.		
2.		
3.		

How many times have you moved in the past 5 years? _____

How long have you lived in Chaffee County? _____

Have you attended a Mentor/Volunteer interest meeting? _____

In what ways do you occupy your free time?

Briefly describe your driving history: _____

Have you ever been arrested or convicted of an alcohol-related driving offense? YES NO
Please explain.

Repeated traffic violations? YES NO
Please explain.

Do you have your own transportation? YES NO
What kind?

Driver's License #: _____ State: _____ Expiration: _____

Car Insurance Company: _____ Policy #: _____ Expiration: _____

Printed Name _____

References



List three (3) character references: One family relative, one friend who has known you for at least two years, one past employer. Each reference will be contacted so please complete accurately.

Name	Relationship	Mailing Address	Email	Work Phone
1.				
2.				
3.				

How did you hear about Chaffee County Mentors?

What do you consider your strengths to be?

What do you consider your challenges to be?

What can you offer a child?

What ages are you most interested in mentoring (or helping at activities)?

Ages 7-9

ages 10-12

ages 13-15

Have you ever been convicted or charged of any crime?

YES NO

(ie. Misdemeanor, felony, assaults)

Please explain.

Have you ever been arrested or questioned about child abuse or molestation? YES NO

NO

Please explain.

Printed Name _____



Background Check Release

I do hereby authorize Chaffee County Mentors to conduct whatever background check and investigation may be deemed appropriate (police check, child abuse registry check, mental health, driving record, insurance carrier, personal references, etc.).

Signature: _____

Date: _____

Photo Release

I agree to allow any photographs / videos taken of me to be used in newspapers, displays, bulletin boards, or other types of educational or promotional publication or training.

Signature: _____

Date: _____

Statement of Understanding: Confidentiality and Chaffee County Mentor Volunteer Termination

I have full understanding that client and record confidentiality is essential as a Chaffee County Mentor volunteer. I feel that I have thorough and satisfactory understanding of professional standards of client and record confidentiality and legal implications thereof. I further agree to respect the dignity of the client and integrity of the Chaffee County Mentors by maintaining confidentiality of information received in the course of the service.

I fully accept and understand that Chaffee County Mentors reserves the right to reject any application for any reason at any time without explanations. I also understand that the staff reserves the right to terminate a partnership if they feel the quality of time spent with the child is insufficient, the time is not quality time, or for any other reason that the welfare of the child is not being met.

I understand that if it is in the child’s best interest to be re-matched, the staff reserves the right to do so. In the event of any of the above you will be contacted by phone first, and then by mail.

Signature: _____

Date: _____

Thank you for your time in completing this application

Please return to:

**CHAFFEE COUNTY MENTORS
P.O. Box 2027, Buena Vista, CO 81211
124 East 2nd St, Salida, CO 81201**

719-395-7006 / 719-539-2630 / 719-395-7007 (BV fax) / 719-539-3537 (Salida fax)

After we receive your application and all necessary information collected, you will be contacted to set up a personal interview. We look forward to working with you.