



## Youth Guidance Mentor Application

Date form completed: \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Address \_\_\_\_\_  
(Residence) (Zip Code)

\_\_\_\_\_  
(Mailing Address if different from above)

**Email:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

### How Can You Make a Difference in the life of a Child in need?

\_\_\_ As a Mentor: you would be matched with a group of 3-4 children and spend at least 2 hours a week with that group for 6-8 weeks.

\_\_\_ As a Support Volunteer: helping us with fundraisers, office work, donations, etc.

Special Volunteer Skills: *Check the box* if you would like to teach a program in our Mentoring Academy (i.e., Music, Science, Art) Please specify: \_\_\_\_\_

Where did you hear about the Youth Guidance Program? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Month, Day, Year)

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_  
(State) (Number)

Gender M \_\_\_ F \_\_\_ Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow \_\_\_

Race:  White  Black  Hispanic  other (explain) \_\_\_\_\_

Physical Condition: Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Education: High School Graduate Yes \_\_\_ No \_\_\_  
College Graduate Yes \_\_\_ No \_\_\_  
Currently Enrolled in College? Yes \_\_\_ No \_\_\_

Major area of academic training: \_\_\_\_\_

Are You Employed? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

What is your position? \_\_\_\_\_ What hours do you work? \_\_\_\_\_

Name and occupation of Spouse \_\_\_\_\_

Children's Names \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your hobbies and recreational interests? \_\_\_\_\_

Have you ever worked with children before, teenagers or younger? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe briefly: \_\_\_\_\_

Age of child preferred (please check):  5 - 8  9 - 12  13 - 15  15 & up  No preference

List Organizations with which you have been or are affiliated: \_\_\_\_\_

Why are you interested in volunteer work with children? \_\_\_\_\_

What types of activities are you interested in doing as a mentor? \_\_\_\_\_

We often serve food in groups- Do you have any food concerns? \_\_\_\_\_

Are you willing to work with children with delinquency issues? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work with a child who has a parent in federal prison? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you consider mentoring an individual child? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to transport children to and from programs in your own vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to transport children to and from programs in the Youth Guidance van? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged or convicted by any law enforcement agency (federal, state, local or military) for violations of any law, regulation or ordinance? (Including traffic violations, except speeding or parking tickets unless excessive): Yes \_\_\_ No \_\_\_ if yes, Explain: \_\_\_\_\_

It is a normal part of our procedure to make such inquiry on the suitability of any volunteer, due to the sensitive nature and important responsibility of work involving children. We trust you will understand this in the spirit intended. Inquiries will be made through state and national databases regarding any past record or offenses. You will be required to be fingerprinted for us to make this complete background check. All inquiries will be made in a manner designed not to cause you embarrassment, but please feel free to discuss this matter further with the Director before proceeding with the arrangements for volunteer service. By signing this application, I give my permission to make these inquiries. I understand that any information I learn about the child and family is confidential and cannot be revealed or discussed with anyone without permission.

I SWEAR THAT ALL OF THE INFORMATION IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT.

\_\_\_\_\_  
(Signature)



1028 20<sup>th</sup> Place, Vero Beach, FL 32960  
Phone (772) 492-3933  
Fax (772) 213-8598

## **CONFIDENTIALITY AGREEMENT**

I, as a volunteer in the Youth Guidance Mentoring & Activities Program, understand that any information that I learn about the child and his/her family is confidential and cannot be revealed or discussed with anyone without signed permission from the child and parent or otherwise ordered by the courts. Information concerning the child may be discussed with the Executive Director of the Program.

By signing this agreement, I attest that I have read the Volunteer Rules & Regulations and will follow them. I understand that an application to become a mentor/volunteer does not guarantee that I will be matched with a mentee. Youth Guidance is not obligated to accept me as a volunteer and reserves the right to deny any application for any reason. A general denial may be all that is supplied and Youth Guidance is not required to disclose particularities regarding such general denial.

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Volunteer Signature

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Date



1028 20<sup>th</sup> Place, Vero Beach, FL 32960  
Phone (772) 492-3933  
Fax (772) 213-8598

## PHOTO RELEASE

Date \_\_\_\_\_

**I, the undersigned, hereby grant permission to YOUTH GUIDANCE, UNITED WAY, INDIAN RIVER COUNTY AND OTHER GROUPS INVOLVED WITH YOUTH GUIDANCE to photograph me and to record my voice, performances, poses, acts, plays and appearances, and use my picture, photograph, silhouette and other reproductions of my physical likeness and sound and allow the unlimited distribution, advertising, promotion, exhibition and exploitation of these images by any method or device now known or hereafter devised in which the same may be used, and/or incorporated and/or exhibited and/or exploited.**

I agree that I will not assert or maintain against Youth Guidance, United Way, Indian River County and other groups involved with Youth Guidance, their successors, assigns and licensees, any claim, action, suit or demand of any kind or nature whatsoever, including but not limited to, those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any other reason in connection with the authorized use of my physical likeness and sound in the Picture as herein provided. I hereby release Youth Guidance, United Way, Indian River County and other groups involved with Youth Guidance, their successors, assigns and licensees, and each of them, from and against any and all claims, liabilities, demands, actions, causes of action(s), costs and expenses whatsoever, at law or in equity, known or unknown, anticipated or unanticipated, which I ever had, now have, or may, shall or hereafter have by reason, matter, cause or thing arising out of the use of any images as herein provided.

**I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, I have signed this release.**

Name:

ADDRESS

PHONE #

\_\_\_\_\_

Signature \_\_\_\_\_

# References

**\*Please provide three references (non-relatives): Current or previous employers, if possible, and at least one reference who have seen you interacting with children:**

1) Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

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

What is your relationship? \_\_\_\_\_

2) Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

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

What is your relationship? \_\_\_\_\_

3) Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

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

What is your relationship? \_\_\_\_\_



# YOUTH GUIDANCE MENTORING ACADEMY

## VOLUNTEER/MENTOR CHECKLIST

Last \_\_\_\_\_

First \_\_\_\_\_

### REQUIREMENTS

- \_\_\_\_\_ Volunteer Application
- \_\_\_\_\_ Confidentiality Agreement
- \_\_\_\_\_ Photo Release
- \_\_\_\_\_ Reference Check #1
- \_\_\_\_\_ Reference Check #2
- \_\_\_\_\_ Copy of Driver's License (or photo if no DL)
- \_\_\_\_\_ Copy of Car Insurance
- \_\_\_\_\_ Background check results
- \_\_\_\_\_ Fingerprint Card / receipt of payment if reimbursed
- \_\_\_\_\_ Mentor Training/Orientation

\*\*\*\*\*To be completed by Youth Guidance Staff\*\*\*\*\*

**DATABASE INFORMATION ENTERED BY** (initials): \_\_\_\_\_ **DATE:** \_\_\_\_\_

### BACKGROUND CHECK STATUS:

**Local Background Check** Date Submitted: \_\_\_\_\_ Approved: Y / N

**VOLUNTEER'S FDLE** Volunteer ID \_\_\_\_\_ Date Submitted: \_\_\_\_\_

\_\_\_\_\_ Clear \_\_\_\_\_ Not Clear \_\_\_\_\_ Follow up

**Peer Review:** \_\_\_\_\_