



SLYP Program Mentor Application Confidential

The following information is required of all volunteers working with youth Thank you for your help in providing the safest environment possible for our teens.

1. Name; 2. Address(mailing/physical); 2. Address(mailing/physical); 3. Address(mailing/physical); 4. Address(mailing/physical); 5. Address(mailing/physical); 6. Address(mailing/physica	
4. Current Employer:	
5. Work Number	Can we contact you at work? Y/N
6. Birth Date:	
	king with youth?
8. In what philanthropic activities do y	
g. What other interests/hobbies do yo	
10. Why are you interested in becomir	ng a mentor?
	emergency:
Relationship to you	
12. Certifications: (please circle) CF	PR First Aid
13. Do you use illegal drugs? Yes/No	
14. Are there any pending criminal cha	arges against you? Yes/No

15. Have you ever been convicted of a felony offense? Yes/No 16. Have you ever been charged with child neglect or abuse? Yes/No 17. Is there any fact or circumstance involving you or your background that could call into question your being entrusted with working with youth? Yes/No Please explain any "Yes" responses. Please list 3 names and phone numbers of people who know you well and can attest to your character, skills and dependability. Please do not list a relative. 1, Name:_____Phone/Email_____ How do you know this person?_____ 2. Name:_____Phone/Email_____ How do you know this person?_____ 3. Name: _____ Phone/Email_____ How do you know this person?_____ Please read the following carefully before signing this application: I understand that this is an application for, and not a commitment or promise to, volunteer. I certify that I have and will continue to provide information throughout the selection process that is true and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified, if necessary,_____ they may contact any person or organization that has information concerning me. I release and agree to hold harmless from liability any person or organization who provides information. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position as a mentor or my termination as a volunteer. Signature Date: Please return to: Dena Cushman, Executive Director at dena@bafwv.org

For questions about the application, please call 304-253-3806

Office Use Only Date Received