

Press On Mentor Application



CONTACT INFORMATION

NAME (FIRST, MIDDLE, LAST) _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____

EMAIL _____ DATE OF BIRTH (MM/DD/YY) _____

CURRENT EMPLOYER

NAME OF ORGANIZATION OR INDIVIDUAL _____

JOB TITLE _____ SUPERVISOR NAME _____

PHONE _____ EMPLOYMENT DATES FROM _____ TO _____

LIST ANY SERVICE CLUBS OR ORGANIZATIONS YOU ARE INVOLVED WITH IN THE COMMUNITY:

WHY ARE YOU INTERESTED IN SERVING AS A PRESS ON MENTOR?

WHAT UNIQUE SKILLS OR EXPERIENCE DO YOU HAVE THAT YOU WILL BRING TO PRESS ON AS A MENTOR?

AREAS OF INTEREST/SKILLS Please circle all that apply.

READING	PAINTING/DRAWING	FAVORITE SPORT TO PLAY
WRITING	PHOTOGRAPHY	FAVORITE SPORT TO WATCH
DANCE	GRAPHIC DESIGN	FAVORITE INSTRUMENT TO PLAY
SINGING	ARTS/CRAFTS	FAVORITE MUSIC TO LISTEN TO
ATTENDING PLAYS	FILM MAKING	OTHER:
COOKING	RECORDING MUSIC	_____
OUTDOOR ACTIVITIES	BOARD GAMES	_____

AVAILABILITY

PRESS ON MENTORS ARE REQUIRED TO MEET WITH THEIR STUDENTS FOR AT LEAST FOUR HOURS PER MONTH. THIS CAN BE SPLIT INTO DIFFERENT SESSIONS. PLEASE INDICATE WHEN YOU WOULD PREFER TO SCHEDULE THOSE HOURS.

CHECK ALL THAT APPLY. MORNINGS AFTERNOON EVENINGS

CHECK ALL THAT APPLY. I AM AVAILABLE MON TUES WED THURS FRI SAT SUN

COMMENTS ABOUT AVAILABILITY: _____

AUTHORIZATION FOR BACKGROUND CHECK

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application (including State Patrol criminal background check & reference checks for volunteer service as may be necessary to protect the clients of The Salvation Army).

VOLUNTEER APPLICANT SIGNATURE

DATE

TO BE COMPLETED IN PRESENCE OF THE SALVATION ARMY KROC CENTER STAFF

MENTOR VOLUNTEER STATEMENT

I understand that The Salvation Army, a religious and charitable organization, requires the assistance of volunteers in the conduct of its various spiritual and social programs. It is my desire to further the work of The Salvation Army by performing services as a volunteer as assigned. I undertake to perform such services as a volunteer without compensation, and in performing such services, I acknowledge that I am NOT acting as an employee of The Salvation Army.

VOLUNTEER APPLICANT SIGNATURE

DATE

WITNESS SIGNATURE

DATE

MENTOR VOLUNTEER AGREEMENT

The Salvation Army's first obligation is our clients' safety. Your volunteer work may involve work with minors or vulnerable adults, please read the following statement and sign off on this statement to signify an affirmative response to this statement and these five questions.

As described above, I do hereby represent to The Salvation Army, with the understanding that The Salvation Army will rely upon the information provided in considering my application for work with children and other vulnerable populations, that the foregoing information and the following statements are true:

1. In my prior volunteer work, I have never used a name other than that set forth above.
2. I have never been arrested as a result of a charge of child or adult abuse or of actual or attempted molestation of a minor.
3. I have never been convicted of child abuse or of a crime involving actual or attempted sexual molestation of a minor.
4. I authorize any of the organizations and their representatives and my personal references listed here to give to The Salvation Army any information they may have regarding my character and fitness for work with minors or vulnerable adult populations. I release all such organizations and individuals from any liability that may result from their furnishing such information to The Salvation Army. I waive any right that I may have to inspect any records containing such information.
5. Having the foregoing information and having affirmed the foregoing statements are true, I recognize that any false information and statements are punishable under the laws relating to perjury.
6. I grant permission for The Salvation Army Kroc Center to make visual recordings of all individuals listed on this form for its responsible use.

VOLUNTEER APPLICANT SIGNATURE

DATE

WITNESS SIGNATURE

DATE

IF UNDER THE AGE OF 16, PARENT/GUARDIAN SIGNATURE REQUIRED

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN PRINTED NAME

PHONE NUMBER

FOR OFFICE USE ONLY:

ENTERED BY

DATE

REV 11/22/11

