



Mentor Application

Personal Information

Date: _____ Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please briefly describe any experiences you feel may be useful in your role as a mentor.

Whaley Children's Center welcomes all types of volunteers. We understand how busy your schedules are and are committed to working around your schedule. Please indicate all the times you are available to volunteer as a mentor.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Additional Information

Have you been convicted of a crime? Yes No

If so, where, when and what was the nature of the offense?

Do you have a valid driver's license? Yes No

List other volunteer experiences you have had.

Why do you want to mentor at Whaley Children's Center?

Personal References

List the name, address and telephone number of three references not relate to you.

	Name	Address	Phone Number
1			
2			
3			

Authorization and Certification: By my signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information of any type whatsoever in support of my application may subject me to discharge at any time.

Volunteer acknowledges that while at Whaley Children's Center, volunteer may come into possession of certain proprietary information, personal, health care and/or business confidential documents (all of which will be referred to in this agreement as "confidential information.") Volunteer agrees to maintain and preserve the integrity and confidentiality of all such information and property of Whaley Children's Center in exchange for volunteering at Whaley Children's Center. Volunteer shall abide by all rules, regulations and laws respecting the use and disclosure of confidential information.

Signature: _____

Date: _____

Whaley Children's Center Staff _____

Date: _____

