



VOLUNTEER MENTOR APPLICATION AND CONTRACT

Name: _____ Today's Date: _____ Birth Date: _____

Home Address: _____

Street Address City State Postal Code

Home Phone No. _____ E-mail Address: _____

Affiliation/Employer: _____ Title/Position Held: _____

Work Address: _____

Street Address City State Postal Code

Work Phone Number _____ E-mail Address: _____

Supervisor's Name: _____ Years at current employer: _____

Does your employer promote volunteer activities? _____

If yes please explain (optional): _____

Please indicate below if you are willing to approach your company about any of the following opportunities:

_____ Mentoring Opportunities _____ Other in-kind goods/services _____ Corporate Sponsorship

Previous Employer (if less than 3 years at current position): _____

Address: _____ Years at this employer: _____

Education and Training:

High School Attended: _____ Year of Graduation: _____

College Attended: _____ Degree: _____

Other Education and/or Special Training: _____

Do you speak any languages other than English? _____ If so, please indicate below:

Please List prior Volunteer Experience

Have you applied to be a mentor with Operation Heroes Connect in the past? __ N __ Y

If yes, when? _____

Application Questions

Your responses to the following questions will help us determine whether you are a good fit for Operation Heroes Connects program and match you with a mentee.

1. Do you have any previous experience volunteering or working with youth? If so, please specify.
2. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
3. What do you think will be most challenging about being a mentor?
4. What do you hope to gain from becoming a mentor?
5. Do you have an age preference for your mentee? __ Yes __ No

If so, please specify why you prefer this age.

6. Do you have any disabilities that may affect your involvement in the program? __ Yes __ No

If so, please specify:

7. How did you hear about Operation Heroes Connect?
8. Are you an adopted adult or been through the foster care system? If so, do you have any interest in working with kids in care?

References

Please list three (3) references who you have known for at least one (1) year. One of these references must be your current supervisor, if applicable. Relatives or family members cannot be used as references. Please give complete addresses and phone numbers. References will be contacted by phone or mail. The information furnished to us by your references will remain strictly confidential.

Name: _____ Relationship: _____

Phone Number: _____ Number of Years Known: _____

Name: _____ Relationship: _____

Phone Number: _____ Number of Years Known: _____

Name: _____ Relationship: _____

Phone Number: _____ Number of Years Known: _____

Background Screening

Operation Heroes Connect Mentors work with children. Therefore, we are required to screen our volunteers. Please respond to the following questions, read this Agreement and Consent and sign below.

Name: _____ Date of Birth: _____ Gender: ____ Driver's License # _____

Have you ever been charged/indicted for any crime? _____ If yes, please supply details (date, charge, disposition).

If you have changed your name, please provide us with your previous name:

Current Address:

Street Address City State Postal Code

Please provide us with your previous residential address if less than one (1) year at your current residence:

MENTOR CONTRACT

By initially each item and signing below, I agree to the following:

I agree to participate in all required trainings, including periodic training meetings at my site.

I agree to abide by all Operation Heroes Connect rules and procedures, as provided by Operation Heroes Connect staff.

I will complete my commitment to work with the program at least four hours per month for a full school year, unless otherwise agreed with Operation Heroes Connect.

I consent to the use of my oral/written statements and the use of my photograph(s) by Operation Heroes Connect for any non-commercial purpose associated with the program including, but not limited to, newsletters, news media coverage of Operation Heroes Connect and its programs and fund-raising.*

I will abide by federal law requiring that children’s records remain confidential and any information obtained about a child, from his/her address to work habits, may not be disclosed to others except the child’s teacher, principal, guidance counselor, parents and/or legal guardian. I agree to honor these confidentiality requirements.

To respect the privacy of children and families participating in our program.

I consent to Operation Heroes Connect verifying all information contained herein, and to a background check.

I will NOT take my mentee off-site in an unsupervised setting until my background checks are returned and I have obtained parental consent. When I am off-site with my mentee during scheduled mentoring sessions, Operation Heroes Connect staff must know where I am and be able to contact me.

I will contact my Site Coordinator if I will be absent from a mentoring session and I understand that excessive absence will result in removal from the program.

I will contact the staff of Operation Heroes Connect if I have any problems or concerns about my mentoring relationship.

I have read this application and agree to abide by the commitments made in it. The information I have provided in this application is true to the best of my knowledge.

Signature: _____ Date: _____

* You have the option of not consenting to this particular clause by drawing a line through it and initialing on the side.