



Please complete this application and return it via email or mail.

[mentoring@spectrumvt.org](mailto:mentoring@spectrumvt.org)

Spectrum Youth & Family Services

Attn: Mentoring Program

191 North Street

Burlington, VT 05401

### Basic Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Preferred Nickname \_\_\_\_\_

Prefix

Suffix

Other names you have used (including maiden name) \_\_\_\_\_

### Contact Information

Home Phone number \_\_\_\_\_

Work Phone number \_\_\_\_\_

Cell Phone number \_\_\_\_\_

Preferred phone

Email Address \_\_\_\_\_

Alternate email address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment Status

Current Job Title \_\_\_\_\_

Current Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Work City \_\_\_\_\_ Work State \_\_\_\_\_ Work Zip \_\_\_\_\_

Preferred Mailing Address

May we contact you at work?      Yes              No

Would you like to sign up for our mailing lists?

### **Demographic Information**

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Marital Status \_\_\_\_\_ Education level

Other education \_\_\_\_\_

If you are currently in school, what is the status of your schooling? \_\_\_\_\_

### **Emergency Contact Information**

Emergency contact name \_\_\_\_\_

Emergency contact phone \_\_\_\_\_

Emergency Contact Relation to Applicant \_\_\_\_\_

### **References**

Please list at least three references whom the agency may contact in support of your application to become a mentor. At least one reference must be a professional reference who has known you for at least six months unless there are extenuating circumstances. Personal references need to have known you for at least two years.

Reference 1

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Length of Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Reference 2

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Length of Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Reference 3

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Length of Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Reference 4

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Length of Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Reference 5

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Length of Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Application Information**

How did you hear about this program?

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Please describe Disability and/or Additional Needs:

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Why are you interested in mentoring?

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Please list any previous mentoring experience and/or work with youth:

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If you could learn something new what would it be?

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Preferred Age of Child:

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What are your hobbies?

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If you speak any other languages (in addition to English), please list:

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When would you be able to start mentoring?

Do you have reliable transportation?      Yes              No

Do you have a drivers license?              Yes              No

Do you carry automobile insurance?      Yes              No

Do you understand the commitment is for at least one year or school year?

Yes              No

If this program is not the right fit for you, would you be interested in learning about other mentoring opportunities in your area?              Yes              No

**Additional Information**

Do you have firearms present in the home?              Yes              No

    If yes, are they locked and securely stored?      Yes              No

Do you carry a firearm on your person or in your vehicle?      Yes              No

Are there pending criminal charges against you?      Yes              No

Have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?              Yes              No

Have you ever been arraigned for or convicted of child abuse or neglect or of sexually abusing or molesting a youth 18 or younger?              Yes              No

Have you ever received treatment for alcohol or substance abuse?      Yes              No

Have you ever been treated or hospitalized for an emotional/psychiatric condition?  
Yes              No

Other than the above, 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

If you answered yes to any of the above seven questions, please explain. Please note that answering yes does not automatically disqualify you from becoming a mentor.

Please list any state(s) other than Vermont of which you have been a legal resident.

I would like to work with a child who identifies as:

## **Release Information**

### Media Release

The term 'Agency' is defined as Spectrum Youth and Family Services.

I agree to have my photograph or remarks published for the Agency in related media pieces, newsletters, web pages or other documentation in support of the mentoring program at the Agency.

I also agree to allow the Agency to grant permission, at its discretion, to MENTOR Vermont, to have my photograph or remarks published in related media pieces, newsletters, web pages or other documentation in support of promoting the mentoring cause statewide.

### Information Release

I understand that I have made an application for a volunteer opportunity with the Agency and it is not a commitment or promise of a volunteer opportunity by the Agency. I understand that it is in the Agency's discretion whether to accept me as a mentor and the Agency has no obligation to provide me with a reason for its decision to accept or reject me as a mentor.

I represent and warrant to the Agency that all information that I have or will provide to the Agency during the selection process, including information on this application and in interviews with Agency, is true, correct and complete to the best of my knowledge. I further agree that I have and will answer all questions posed by the Agency to the best of my knowledge and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that any misrepresentations or omissions by me may be cause for my immediate rejection as an applicant for a volunteer position with the Agency or my termination as a volunteer.

I hereby authorize the Agency to request and obtain any and all records, documents and information about me from employers, agencies and references included on my application necessary for the Agency to evaluate my suitability as a mentor. I understand that the Agency will check some or all of the following: my records on the national sex offender registry, the Vermont child abuse and neglect registry, national criminal records background check, the Vermont criminal conviction search, and Vermont Motor Vehicles Driver Record Check. I hereby consent to the release of such records, documents, and information to Agency and to the Agency's designated representatives. I release and agree to defend and hold harmless from liability any person or organization that provides information.

***I agree and acknowledge that this information may be disclosed by Agency officials to persons involved in the implementation of Agency activities and programs. I hereby release and agree to defend and indemnify the Agency, its***

***directors, officers, partners, employees, affiliates, agents, successors, and its designated representative from any and all claims that may result from the use, release and disclosure of such information.***

I HAVE CAREFULLY REVIEWED THIS "INFORMATION RELEASE AND COVENANT NOT TO SUE" AND I HEREBY CONFIRM MY UNDERSTANDING OF ITS CONTENTS AND AGREE TO BE BOUND BY ITS TERMS AS A CONDITION OF MY PARTICIPATION IN THE ABOVE ACTIVITY.

I have read and understood the terms outlined above, and agree to them.

I agree to inform the Agency if any of the information on this application changes or if I'm convicted of a crime (misdemeanor or felony) during the time that I am involved with the Agency.

I am 18 years of age or older.

Signed \_\_\_\_\_ Date \_\_\_\_\_