



T A H O E
YOUTH & FAMILY
S E R V I C E S
A SAFETY NET OF SERVICES FOR YOUTH AND FAMILIES

Volunteer Mentor Application

Please Print

Name: _____

Phone Number: (home) _____ (wk) _____ (cell) _____

Address: (physical) _____

(mailing) _____

City/State/Zip: _____

Email _____ Birth date: _____ Sex: M F

Ethnicity: Latino/Hispanic _____ African American _____ Southeast Asian _____
Pacific Islander _____ Caucasian _____ Other _____ (please specify)

Social Security No.: _____ Driver's License No. / State: _____

Car Insurance Provider: _____ Policy Number: _____

Insurance Agent/Contact: _____ Insurance Phone Number: _____

Have you ever been arrested? Y N

Please explain (this does not necessarily prevent you from joining the program)

Have you ever been fingerprinted for a job working with children? Y N

If so, when? _____ State law mandates fingerprinting when working with children/youth. You will be required to be fingerprinted.

Employment History

- 1. Employer: _____
Supervisor: _____ Phone No.: _____
Position: _____ Job Description: _____
_____ Dates (from/to): _____

- 2. Employer: _____
Supervisor: _____ Phone No.: _____
Position: _____ Job Description _____
_____ Dates (from/to): _____

- 3. Employer: _____
Supervisor: _____ Phone No.: _____
Position: _____ Job Description: _____
_____ Dates (from/to): _____

Educational Background

Degree or highest grade completed: _____
Name of school or college: _____
Major or subjects of interest: _____

Hobbies and Interests

Please list any hobbies and interests that you would like to share with a young person or a group of young people.

Have you ever worked with young people in a professional or volunteer setting? How?

Why do you want to be a mentor?

Availability

What is the best time for you to participate in a young person's life? Please specify times in the appropriate days.

Mon: _____ Tues: _____ Wed: _____ Thur: _____ Fri: _____ Sat: _____ Sun: _____

Preference

Mentors and students are assigned according to gender. _____

I prefer a youth who is/has been experiencing some difficulties in his/her life. _____

I prefer a youth who has fewer problems. _____

Personal References

No family members please.

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

How did you hear about the Tahoe Mentor Program? _____

The information on this application is true and accurate. I give permission to Tahoe Youth & Family Services to verify employment, contact references, and conduct FBI clearances necessary for working with children.

Print Name: _____

Signature: _____ Date: _____