



## **MIGRANT MENTORING VOLUNTEER APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Best time to call: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

### **STUDENT:**

Name of School: \_\_\_\_\_

Year in School: \_\_\_\_\_

Address at School: \_\_\_\_\_

\_\_\_\_\_

School phone: \_\_\_\_\_

Major: \_\_\_\_\_

### **EMPLOYMENT:**

Place of Employment: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Working Hours: \_\_\_\_\_

Work phone: \_\_\_\_\_

Can we call at work? \_\_\_\_\_

**MARITAL STATUS:** (PLEASE CIRCLE) Married Single Separated Divorced

Children and ages: \_\_\_\_\_

Do you have transportation? \_\_\_\_\_

How did you hear of the Migrant Mentoring Program? \_\_\_\_\_

Why do you want to be mentor to a migrant child? \_\_\_\_\_

What experience do you have working with children?

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What age child(ren) do you prefer to work with: \_\_\_\_\_

What interest and activities would you share with a child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a significant other in your life? \_\_\_\_\_ If so, how does he/she feel about you becoming a mentor? \_\_\_\_\_

Have you ever been involved in child abuse or other inappropriate behavior with a child? \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_

Have you ever been arrested or received any citations other than for minor traffic violations? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Have you experienced any major changes in your life in the past year? \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_

Do you anticipate any major change in your life in the coming year? \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_

Do you have any difficulty managing your emotions or stress in your life? \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_

ALL APPLICANTS: Please list the names, addresses and phone numbers of four persons who will be character references for you. Complete addresses with zip code are necessary for processing. Please include one family member, one employment supervisor, and two non-relatives. Their replies will be kept confidential.

<u>Name and gender (Mr. Ms.)</u>	<u>Complete Address:</u>	<u>Phone:</u>	<u>Relationship:</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

My signature indicates that all information that I have given the Migrant Mentoring Program is, to the best of my knowledge, true and correct. I authorize the Migrant Mentoring Program to investigate and evaluate my background and character to determine my suitability as a volunteer. I understand that information obtained may be shared with the parents as needed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_