

Mentor Initial Interest Form

Mentor Information		
Legal Name		
Preferred Name		
Date of Birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	
Preferred pronoun?	<input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Ze <input type="checkbox"/> Other:	
Address		
City:	State:	Zip:
Phone #		
Email		

Employment/ Education	
Current Occupation	
Educational Background/Training	
Experience/ Interests	
Hobbies/ Activities of Interest	
Previous experiences working with youth (can include parenting):	
Why are you interested in becoming a mentor?	
How did you hear about the Mentoring Plus Program?	

Personal References		
<i>list 3 people who have known you for 2 or more years, excluding family members</i>		
Name	Phone	E-mail

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I am willing to commit to being a mentor for at least 4 hours per month for 12 months. I understand that I will be trained on the material to be used with my mentee and will follow the guidelines set forth in those trainings. I also understand that information about my mentee is confidential and will not be used for any other purpose or shared with anyone without permission unless mandated by law. I agree to a background check for criminal justice clearance. I hereby hold harmless the Washington County Youth Services Bureau / Boys and Girls Club, and its officers, agents and employees from any liability resulting from or arising in connection with participating in the Mentoring Plus Program.

Signature: _____ Date: _____

Please return your completed form to: Karina Ware, Mentoring Plus, WCYSB, 38 Elm Street, PO Box 627, Montpelier, VT, 05601. E-mail: Kware@wcysb.org Fax: (802)229-2508

Youth
Service
Bureau

