

Washington County Youth Services Bureau / Boys and Girls Club – Mentoring Plus Program

INITIAL INTEREST APPLICATION – MENTORS

Name:

Address:

City:

State:

Zip:

Phone numbers(s):

E-mail address:

Current Occupation:

Educational Background/Training:

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 (list 3 people who have known you for 2 or more years, excluding family members):

Name: _____ Phone: _____ E-mail: _____

Name: _____ Phone: _____ E-mail: _____

Name: _____ Phone: _____ E-mail: _____

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