

## **High School Volunteer Application**

Please return to MAV Youth Mentoring ASAP.

Name		T-shirt size		
Age Bir	thdate	Gender	Race	
Social Security Numb	oer	E-Mail		
Address				
			Zip	
Home Phone Numbe	er	Cell Phone Nu	mber	
Parent/Guardian Na	me			
High School			Year in School $\Box 9 \Box 10 \Box 11 \Box 12$	
Employer	Job Title			
Can you be contacte	d at work? 🗆 Ye	es 🗆 No Work Phone		
Have you ever been	convicted of a d	crime? 🗆 Yes 🗆 No If yes	, explain	
Do you object to the	agency running	g a background check on	you? 🗆 Yes 🗆 No	
Do you have a curre	nt driver's licen	se? 🗆 Yes 🗆 No		
If yes, state of issue	, license numbe	er, & expiration date		
Have you ever had a	ny violations ag	ainst your driving record	l? □ Yes □ No If yes, explain	
Can you meet with a	a child after-sch	nool during the entire sc	hool year?   Yes  No	
If no, explain				
Group Preference:	Tuesdays- St. Marys-Intermediate (grades 3-5)			
	Wednesdays-Celina-Elementary (grades 3-4)			
	Thursdays-Van Wert-Elementary (grades 2-5)			
	□Thursdays-St. Henry-Elementary (grades 1-4)			
What is your prefere	nce of:			
The grade le	vel of your Littl	e Buddy?		
The race of a	a Little Buddy?			
The gender	of your Little Bu	uddy?		
What do you like to	do during your	leisure time?		
What extracurricular	activities in scl	nool are vou involved in?	·	





What experience do you have with children?

Are any of these experiences with businesses or organizations?	□ Yes □ No
If yes, do you have contact information for these organizations?	🗆 Yes 🗆 No
If yes, please list (name, phone number or e-mail, address):	

Please list a name of a teacher that you have had in high school (freshman use a middle school

teacher) that we contact as a reference for you.

## **Mentor Agreement**

As a volunteer for the Buddies Program, I agree to the following:

- The MAV Youth Mentoring is not obligated to match me with a youth or accept me into the program.
- To allow BBBS to contact my school for a reference.
- To attend a training session before beginning.
- To be on time for scheduled meetings.
- To notify the agency if I am unable to keep my weekly meeting.
- To accept assistance from my little buddy's teacher.
- To keep discussions with my little buddy confidential.
- To ask for assistance when I need help with my Little Buddy.
- To notify the agency of changes in my employment, address and phone number.
- To agree to not meet, take, or contact the child off-site. This includes Facebook, e-mail, texts, or phone calls.

Signature

Date

QUESTIONS??? Contact the MAV Youth Mentoring office at 419-584-2447, 1-866-670-2227, or info@mavyouthmentoring.com

There will be a \$20.00 application fee to cover the cost of t-shirt, mailings and processing fees for the School Buddies Program. This fee is non-refundable. Please send with application & parent permission form. Lack of ability to pay the \$20 will NOT eliminate anyone from becoming a Big.





## High School Volunteer Parent Permission and Reference

I give permission for my child (please print)\_\_\_\_\_\_, to apply as a volunteer with MAV Youth Mentoring Buddies program..

If accepted as a volunteer, I understand that MAV Youth Mentoring will place my teenager in a one on one relationship with a child. They will work on homework, play games and do crafts together with a child. This is a once a week commitment with the hope to return next school year. We do not meet during summer months, but encourage contact during the summer.

I understand that my son/daughter will provide his/her own transportation to and from Buddy program location.

I understand that to prepare my high school youth for his/her volunteer experience, MAV Youth Mentoring staff will conduct training and an interview discussing the following points:

- The role of a mentor
- Child abuse prevention and child safety
- Overcoming relationship obstacles and how to work with children

## **Emergency Contact & Medical Info:**

Emergency Contact Person's Name				
RelationshipTelephone				
Does your child have special needs, medications, allergies or conditions	s? □Yes □No			
Please list				
MAV Youth Mentoring will frequently use media to promote our permission for MAV Youth Mentoring to take record, use, display photograph for publicity purposes in connection with the public re Youth Mentoring (no names are ever used)? YES By signing this form I give my child permission be interviewed by member and if they are accepted, I give my consent for my child Mentoring.	a MAV Youth Mentoring staff			
Parent/Guardian Signature:	Date:			
Parent/Guardian Phone Number:	Email:			
See Other Side				

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The following section is to be filled out by the parent/guardian of the volunteer and provides a reference for your teenager. This helps the staff of MAV Youth Mentoring determine program eligibility and assists with pairing your adolescent with a younger child.

Are there any safety concerns or anything else that you would have concerns about that we could help your child to manage?

Tell me about a time you observed your child around a child or children?

What were your impressions or feelings about that interaction?

Do you know of any reason why being a Big Buddy may not be the right volunteer experience for your child?

Do you know of any reason why this may not be the best time for your child to commit to being a Big Buddy?

What else would you like to tell us about your child?

We would like to thank you for your answers. We would also like to know if you would be interested in learning more about how you can become involved with our organization. Could we send you some of our materials? 
Yes 
No Thanks

