



## Volunteer Application-Lunch & Supper Club

Please fill out completely!

If you have any questions contact us at 419-584-2447 or [info@mavyouthmentoring.com](mailto:info@mavyouthmentoring.com)

Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
(first) (last)

Address: \_\_\_\_\_  
(mailing address) (city) (state) (zip)

County: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex:  Male  Female

Marital Status:  Single  Married  Divorced  Other \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Names & Ages of Children: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(mailing address) (city) (state) (zip)

Work Phone #: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Can you be contacted at work:  yes  no Hours: From \_\_\_\_\_ To \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Educational Background: \_\_\_\_\_

What program are you interested in helping with:

Lunch Club (please list which location you would like to help): \_\_\_\_\_

Supper Club

Do you have any physical or mental condition, which may limit your ability to serve as Mentor?

yes  no

If yes, please describe: \_\_\_\_\_





What if any, other youth organizations have you worked for or been involved with as a volunteer?  
(Please include contact info if possible)

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Do you sincerely feel that you can meet the minimum standards of at least three (3) contacts per month for Supper Club and two (2) contacts for Lunch Club with a Youth?  yes  no

Have you ever applied to become a Mentor for our agency or any other agencies?  yes  no

If yes, when & where: \_\_\_\_\_

Do you know anyone who is currently a Mentor?  yes  no

If yes, who: \_\_\_\_\_

### Lunch Club only:

Lunches at the schools are on a staggered schedule. Please list if you have a designated lunch hour or if you are available to arrive anytime between 10:45 am – 1:00 pm?

I have a designated lunch \_\_\_\_\_

I'm available to arrive anytime between 10:45 and 1:00

What day of the week do you prefer to come to Lunch Club? \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Volunteer Personal Auto Verification

All volunteers must carry auto insurance in the amount required by the state. This is so we can provide auto liability protection while in the course of MAV Youth Mentoring Agency Work.

Do you have current auto insurance:  yes  no

Insurance Agency: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

By signing below, I agree to notify the MAV Youth Mentoring Agency of any changes in my auto insurance coverage.

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





## REFERENCES

Please list the names and addresses of individuals requested below. These individuals should be a person who can vouch for your reputation, character and morals. The references must have known you for at least one year.

**Name (Spouse or Family Member):** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(mailing address) (city) (state) (zip)

**Name (Personal):** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(mailing address) (city) (state) (zip)

**Name (Personal):** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(mailing address) (city) (state) (zip)

**Name (Employer/Direct Supervisor\*):** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(mailing address) (city) (state) (zip)

**\*If you are self-employed or retired, please include a fourth personal reference.\***  
**\*\*If you are an unemployed student, please include a professor/teacher as a fourth reference.\***





## Terms and Conditions

A personal interview is designed to establish a profile of you and your interests. This profile is used by the agency to best match you with a Youth. Except for parents and/or guardians of the Youth being considered for you, all elements of your profile will be kept in the strictest of confidence.

The undersigned acknowledges and agrees that he/she is not obligated, if called upon, to perform the volunteer service herein applied for and that the agency is not obligated to assign him/her a Youth and as part of the agency's matching process, additional personal information will be elicited from the applicant by professional agency staff.

The undersign agrees the information he/she provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth. He/she agrees other youth organizations where he/she has worked or volunteered may be contacted as references. He/she agrees the reference listed may be contacted by mail, telephone, or e-mail.

MAV Youth Mentoring reserves the right to reject a candidate for any reason which the agency determines will or may affect the best interests of a Youth or MAV Youth Mentoring. Further MAV Youth Mentoring reserves the right to withhold the reason(s) for such refusal.

The undersign agrees and gives permission of any staff member or member of the screening committee of MAV Youth Mentoring to review all information contained in his/her file to determine acceptance or rejection of himself/herself as a Mentor.

***The undersigned expressly agrees to the above and stated conditions.***

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

***Please include a \$25.00 activities fee when returning application. Make checks payable to MAV Youth Mentoring. Activities fee is non-refundable.***

**Please return to: MAV Youth Mentoring, 1005 N. Main St., Celina, OH 45822**

