M.A.V. YOUTH MENTORING
Making a difference, together.

# Mentor Application-Lunch Club

**Please fill out completely! If you have any questions contact us at 419-584-2447 or anita@mavyouthmentoring.com.**

**Name:** _____

**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:** _____

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

_____

**Driver's License #:** _____ **Social Security #:** _____

**State of Issue:** _____ **Expiration Date:** _____



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# 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 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 (Employer/Direct Supervisor*):** _____

**Phone #:** _____ **E-mail:** _____

**Address:** _____
(mailing address) (city) (state) (zip)

**References need to include: 1 spouse/parent/spouse equivalent, 1 personal reference and 1 employer/teacher reference**
***If retired or self employed please provide a third personal reference**
***If you are an unemployed student, please provide professor/teacher reference**



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