

To whom it may concern,

Volunteers for Youth matches caring, adult volunteers with school-aged young people through structured mentoring programs. Adults and children are asked to commit to getting together with one another on a weekly basis for at least one year. Studies show that building relationships with constructive adult role models through such programs has a positive influence on children's behavior.

Volunteers for Youth adheres to the following non-discrimination policy that was adopted by our Board of Directors in 1992: **It is the policy of Volunteers for Youth not to discriminate against or deny applicants, clients or employees of this Agency or governing Board its services on the basis of race, color, religion, sex, age, national or ethnic origin, disability, sexual orientation, or other reason prohibited by law.** Volunteers for Youth's mentors are carefully screened and trained before being introduced to children and their families. Once volunteer applicants have completed the screening and training process, staff members, assisted by a screening committee, carefully consider many different factors in determining which mentor should be matched with which child. Once that decision has been made, the child and child's guardians have the final authority to accept or turn down a possible mentor.

Volunteers for Youth has a long waiting list of young people in need of mentors. Unfortunately, there are more children waiting than there are volunteers so we are unable to match every child. However, we welcome referrals and will do our best to find volunteers for the young people referred. You are welcome to call us at any time if you have questions about this process.

Thank you.



205 Lloyd St., Suite 103, Carrboro, NC 27510
phone: 967-4511, fax: 967-4540



VOLUNTEER APPLICATION

Name SS # DOB Sex
Address
City State Zip
Phone Email Address

How long have you lived at this address?

List previous address if you have lived at current address less than two years:

How long have you lived in this county?

The following questions are optional. Your answers will help us make the best match possible between you and the youth on our waiting list.
Do you identify with a particular racial group? Yes No If so which one?
Do you identify with a particular religion? Yes No If so which one?
Do you identify with a particular sexual orientation? Yes No If so which one?

Family Status: Single Married Widowed Divorced Separated Other

Spouse/Partner/Significant Other's Name

Age Occupation

Names and ages of children in your home

NCDL # Expiration Date

Auto Insurance Carrier Insurance Expiration Date

Employer Your Position

Job Description

Work Phone Hours May we call you at work?

Work Email address

EDUCATION (Indicate schools, majors, degrees):

How did you hear about Volunteers for Youth?

Why are you interested in volunteering?

Please list any experience working with young people: (i.e. church, scouts, etc.) Include dates.

List any other volunteer experiences:

What are your hobbies, skills, special talents, interests?

Please list clubs, professional organizations, and church or temple affiliation (indicate offices held and year):

Please check any one of the following that you are interested in:

- | | |
|---|---|
| <input type="checkbox"/> One-on-One with a young person | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Teaching a skill or hobby to a young person | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Group activities |
| <input type="checkbox"/> Donating professional services, i.e. medical, dental, legal, artwork, etc. | |

Please check any of the following that you feel may prevent you from fulfilling the required time commitment of two (2) hours a week for one year:

- | | | |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Extended trips out of the area | <input type="checkbox"/> Life changes |
| <input type="checkbox"/> School | <input type="checkbox"/> Other (please specify): | |

Do you take any illegal drugs?

Do you have any history of excessive use of any drugs or alcohol (over the counter, prescription)?

Have you ever been in treatment (i.e. abuse, alcohol, drugs, emotional problems, etc.)?

If so, when and what were the results?

Have you ever been convicted of a misdemeanor or felony, including traffic offenses? Yes No

If yes, state offense and date of conviction.

List four references (not relatives) that have known you for at least one year. One must be your employer. Include complete mailing addresses.

- | | | | | |
|------------|------------|---------------|-----|--|
| Name | | | | |
| Address | City | State | Zip | |
| Home Phone | Work Phone | Email Address | | |
- | | | | | |
|------------|------------|---------------|-----|--|
| Name | | | | |
| Address | City | State | Zip | |
| Home Phone | Work Phone | Email Address | | |
- | | | | | |
|------------|------------|---------------|-----|--|
| Name | | | | |
| Address | City | State | Zip | |
| Home Phone | Work Phone | Email Address | | |

