



Volunteers of America®

Mentoring Children of Promise
320 Hammond Highway Suite 300
Metairie, LA 70005
504/836-8700

MENTOR APPLICATION

Name: _____
(Last) (First) (Middle)

Home Address: _____

Date of Birth: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Employment/Occupation:

How did you hear about us? _____

Previous Volunteer Experience:

Why do you want to volunteer? _____

Do you have any health conditions which may affect your performance of volunteer work?
 Yes No

Have you ever been charged with a misdemeanor or felony involving crimes against nature, child endangerment and/or alcohol-substance abuse or sales? Yes No
If yes, please give details below:

Do you currently have valid auto insurance? Yes No
If yes; Insurance Agency: _____ Expiration Date: _____

Church Affiliation: _____

Professional/Civic/Service Club Memberships: _____

List Hobbies and Interest:

For Demographic Processing ONLY

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian/Alaska Native Asian African American
Hawaiian/Pacific Islander Caucasian

Gender: Male _____ **Female** _____

List three references we may contact: **DO NOT LIST RELATIVES**

<u>Name</u>	<u>Address</u>	<u>Telephone/Cell Phone</u>
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1. _____
2. _____
3. _____

I certify that the above information is true to the best of my knowledge. I understand that any false or misleading statements I have supplied are grounds for terminating placement as a volunteer with Volunteers of America Mentoring Children of Promise Program. I further understand that copies of the application, references, police checks and/or interview notes will be used as qualifications for mentoring program.

MCP Grievance Procedure:

If you feel that your rights as consumer of Volunteers of America have been violated, you have the right to file a formal grievance. If your direct care staff person has violated your rights as a VOAGNO consumer, you may contact Sherlyn Hughes, Program Coordinator, at 836-8700. If you feel that Ms. Hughes has violated your rights as a consumer of VOAGNO, you may contact her supervisor, Ms. Voris Vigeo at 482-2130.

Signature: _____ Date: _____

“Be the change you want to see in the world” ... Ghandi Mentoring makes a difference.



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**Mentoring Children of Promise
Mentor Interest Survey
(To be completed by mentor)**

Please complete all of the following:

1. Why do you want to be a mentor?
2. What hobbies do you have?
3. What is your job/career choice?
4. What activity would you like to do with a mentee?
5. If you could learn something new, what would it be?
6. Describe your ideal Saturday.
7. Describe your experience with children.
8. What would you do to get to know your mentee?

Please check all activities you are interested in:

Biking	Camping	Science	Cooking	Reading
Hiking	Boating	Fishing	Music	Computers
Sports	Swimming	Gardening	Parks	Movies
Animals	Board Games	Shopping	Dance	

List any other areas of interest:



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VOLUNTEER REFERENCE FORM

Our volunteer applicant _____ has listed you as a reference and given written permission for you to complete the attached form. The questions we've asked will assist us in determining a mutually beneficial placement for the applicant. We appreciate your thoughtful consideration, honest response and timely return of this form. If you have questions, need clarification, or would prefer discussing this information, please call The Volunteers Services during regular business hours at 504/836-8700. Thank you in advance for your assistance.

How long have you know the applicant? _____

How do you know the applicant? _____

Please rate the applicant in each of the following areas using a 1-5 scale. Please circle your choice: (1 as poor through 5 as superior)

Punctuality	1	2	3	4	5
Willingness to fulfill commitment	1	2	3	4	5
Appropriate dress	1	2	3	4	5
Behavior appropriate to situation	1	2	3	4	5
Attitude toward new experiences	1	2	3	4	5
Flexibility	1	2	3	4	5
Willingness to take direction	1	2	3	4	5
Exposure to diverse populations	1	2	3	4	5
Ability to work with youth	1	2	3	4	5
Ability to work with senior citizens	1	2	3	4	5

Do you have any knowledge of health, substance abuse or personal problems that may inhibit the applicant from performing volunteer work with the population(s) indicated?

Please list the volunteer applicant's strengths.

Please list the volunteer applicant's weaknesses.

Reference Name

Date

___ IN PERSON INTERVIEW

___ TELEPHONE INTERVIEW

Staff