

NDHS Volunteer Application

(Adult and High School Mentors)

Full Name _____ Date _____

Gender _____ Race _____ Birth date _____

Permanent Address Street, Apt. _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Job Title _____ Employer _____

Can you be contacted at work? Yes No Business hours _____

Length of Employment (with current employer) _____ EMAIL Address: _____

Education Completed: High School _____ College _____ Other (explain) _____

What motivated you to participate in the New Dimensions High School Mentoring Program?

Can you meet with a child once a week during the school year? Yes No

Do you have a preference as to: (If yes, state preference)

The grade level of your mentee? Yes _____ No

The race of a mentee? Yes _____ No

The gender of your mentee? Yes _____ No

Would you be willing to work with a differently challenged child? Yes No

Is there a specific student you would like to request? Yes No

If yes - Student Name: _____

What do you like to do during your leisure time? _____

Please list the social service groups to which you belong?

What are your areas of expertise? _____

Have you ever been convicted of a crime? Yes No If yes, please explain: _____

Do you object to the NDHS running an O.A.S.I.S. criminal background check on you? Yes No

Have you already had a background check? Yes No **IF YES**, what source _____

Please list three references who have known you for more than one year. Print complete names, addresses, telephone numbers, and relationship for three people you authorize us to contact who would evaluate your qualifications as a volunteer. Do not include more than one family member.

1) Name _____

Mailing Address/Zip Code _____

Phone Number _____ Relationship to you _____

2) Name _____

Mailing Address/Zip Code _____

Phone Number _____ Relationship to you _____

3) Name _____

Mailing Address/Zip Code _____

Phone Number _____ Relationship to you _____

Mentor Agreement

As a volunteer for the New Dimensions High School Mentoring Program, I agree to the following:

- To attend a training session before beginning
- To be on time for scheduled meetings
- To notify the agency or school office if I am unable to keep my weekly meeting
- To engage in the relationship with an open mind
- To keep discussions with my mentee confidential
- To ask for assistance when I need help with my mentee
- To notify the agency of changes in my employment, address, and phone number

Signature _____ Date _____