

Celebrate Our Children Foundation, Inc.



Mentor/ Volunteer Application

Thank you for your interest in volunteering. To match your skills, interests, and available time, you are asked to complete this application. Please be advised all mentors will be required to submit to a background and criminal history check. Please fill out and return to celebrateourchildrenfoundation@gmail.com or fax to 678-949-9917

Name _____

Birth Date ____/____/____

Address _____

City/State/Zip _____, _____ - _____

Home Phone _____ Work Phone _____

Occupation _____ May we call you at work? ___ Yes ___ No

Highest level of education (circle one):

Grade School High school College Masters PHD

How long have you lived in your community? _____

Volunteer or work experience _____

Any professional skills, special interests, hobbies, or personal experiences you would like to share: _____

Why are you interested in becoming a mentor? _____

Celebrate Our Children Foundation, Inc.

How did you hear about the Mentor Program? _____

When are you available to mentor? _____

Age or grade level preference _____

Do you have any medical conditions that we need to consider when making a mentor assignment? ___ Yes ___ No

If yes, list those conditions and any medications we should be aware of:

COC shall not discriminate in its volunteer or internship selection procedures against any applicant for volunteering or interning, any employee or any participant based on race, gender, age, creed, color, political affiliation, physical or mental disability, national origin, or sexual orientation.

Do you smoke or use any other illicit drugs? ___ Yes ___ No

Have you ever committed or had substantiated instances of child abuse, neglect, or sexual abuse? ___ Yes ___ No

Have you ever been investigated or charged with any type of child abuse, neglect, or sexual abuse? ___ Yes ___ No

Do you have a valid driver's license? (Not a requirement to be a volunteer/intern)
___ Yes ___ No

Have you ever been convicted of any offenses against the law or forfeited collateral? ___
Yes ___ No

Celebrate Our Children Foundation, Inc.



References

List three persons who are not related to you and are not employed at COC with definite knowledge of your qualifications and fitness for the position for which you are volunteering. By signing you are authorizing the release of information for purposes of this application. I hereby authorize the release of information for purposes of this application

1.Name: _____ Affiliation: _____

Business/Organization: _____

Address: _____ Telephone: _____

2.Name: _____ Affiliation: _____

Business/Organization: _____

Address: _____ Telephone: _____

3.Name: _____ Affiliation: _____

Business/Organization: _____

Address: _____ Telephone: _____

I, _____ understand, I am voluntarily completing this application and have the right to withdraw my application and decline the opportunity at anytime. I also understand that this is not a paid opportunity and if I choose to participate it is solely voluntary. At any time I may resign from my volunteer duties with no further obligation. Due to the sensitive nature of this position I understand that I must undergo a background and criminal history check before I can begin the volunteer position. COC may require a random check if deemed necessary.

_____/_____/_____
signature of volunteer date

_____/_____/_____
signature of COC administrator date