



Volunteer Application

Date: _____

First Name		Middle		Maiden		Last			
Home Address				City		County		State	Zip
Phone (H)		Phone (W)		Cell #		Email			
Date of Birth				Ethnicity				Gender M () F ()	
Employer				Occupation					
Address				City				State	Zip
Can we contact you at work? () Yes () No				Work Hours				How long employed	

Experience

Clubs/Organizations to which you belong:

Please note any other work or volunteer experiences:

(Type of work)

(Business or Agency)

Interests & Expectations

Describe previous experience working with youth:

What are your hobbies or interests?

What is your motivation for volunteering for this program?

References

Please list 3 references (non-family) we could contact who might be able to speak about your personal character, dependability, and appropriateness for working with youth.

Name & Position/Title	Address	Phone & Email
		H: W: E:
		H: W: E:
		H: W: E:

Preferences

I would prefer mentoring in the following school(s): Please circle all that apply

Elementary Schools (K-5)

Halmstad (South Side)
Hillcrest (West Hill)
Jim Falls (Jim Falls)
Parkview (North Side)
Southview (South Side)
Stillson (Lake Wissota)
St. Charles Primary (K-2) (West Hill)
Holy Ghost (3-5) (South Side)

Middle School (6-8)

CF Middle School (West Hill)
Chippewa Valley Middle School (North Side)
Notre Dame (East Hill)

High School (9-12)

CF Senior High School (West Hill)
Chippewa Valley High School (Northern Center)
McDonnell Central (West Hill)

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email.
- 2) The information I provided may be used to conduct a background check, to include a criminal background check, and other records where required by local, state or federal law for volunteers working with youth.
- 3) The Chippewa Area Mentor Program is not obligated to match you with youth.
- 4) **No otherwise acceptable applicant will be rejected for reason of race, religion, national origin, or adult sexual preference.** All applicants are subject to matching in accordance with agency matching procedures and with full knowledge and consent by the legal guardian of the child concerned.

I certify by my signature below that all of the information given in this application is true and accurate to the best of my knowledge, and I further authorize the Chippewa Area Mentor Program to use proper channels to verify the same. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the agency's exclusion of the applicant/volunteer from further consideration for a match, or if the applicant/volunteer has already been matched, it will result in termination of the match.

Signature

Date



Office: Chippewa Falls Middle School
 750 Tropicana Blvd, Chippewa Falls, WI 54729
Phone: (715) 726-2400 ext. 2474 **Fax:** (715) 726-2789
Email: camp@chipfalls.k12.wi.us
Web: cfsd.chipfalls.k12.wi.us/cvMentors.cfm



Consent to Conduct Background Checks

In an effort to provide for the safety, well-being, and moral development of youth, the Chippewa Area Mentor Program conducts background checks through various local, state, and national databases. Please list your current residences as well as those occupied **during the last 7 years**.

First Name	Middle Name	Last Name		
Maiden Name		Date of Birth		

Current Home Address	City	County	State	Zip
From:		To:		

Most Previous Home Address	City	County	State	Zip
From:		To:		

2 nd Most Previous Home Address	City	County	State	Zip
From:		To:		

3 rd Most Previous Home Address	City	County	State	Zip
From:		To:		

Have you been arrested, charged, or convicted for a misdemeanor or felony? No Yes
 If yes, list below the offense, dates, jurisdiction location, and disposition:

Are you experiencing any physical or mental health problems that have the potential to negatively impact your mentee relationship? If yes, please explain: No Yes

I, hereby, authorize a complete background check and give my consent for all relevant information to be released to the Chippewa Area Mentor Program. I understand that this information will be kept confidential. *Records will not be used or considered as grounds for denial unless they are determined by the director to indicate a potential risk for the child.*

Signature _____ Date _____



Emergency Information

Name: _____

Position: Mentor

Address: _____

Telephone: _____

Emergency Contact Person: _____

Address: _____

Relationship: _____

Telephone (home and/or work): _____

Cell Phone: _____

Health Concerns: _____

Hospital Preference: _____

This information will be shared with emergency personnel only.



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Mentor Interest Survey

Name: _____ Date: _____

Please complete the following. This survey will help the Chippewa Area Mentor Program know more about you and your interests, and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

- Mornings Lunchtime Afternoon After School

Please indicate the age group(s) you are interested in working with?

- 5-10 11-14 15-18

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your job and how did you choose this field?

If you could learn something new, what would it be?

Please check all activities you are interested in:

- | | | | |
|---------------------------------------|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Biking | <input type="checkbox"/> Camping | <input type="checkbox"/> Science | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Library | <input type="checkbox"/> Hiking | <input type="checkbox"/> Boating | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Animals/Pets | <input type="checkbox"/> Golf | <input type="checkbox"/> Fishing | <input type="checkbox"/> Music |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Painting/Photos | <input type="checkbox"/> Sports | <input type="checkbox"/> Board Games |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Movies | <input type="checkbox"/> Shopping | |

List any other areas of strong interest: