



Volunteers for Youth
205 Lloyd St. Suite 103
Carrboro NC 27510
Phone: 967-4511 Fax: 967-4540

Name: _____ Home Phone: (____) _____

Cell Phone: _____ E-Mail Address: _____

Address: _____ City _____ Zip _____

SS # _____ - _____ - _____ DOB: _____ NCDL # _____ Exp. Date: _____

How long have you lived at this address? _____

List previous address if you have lived at current address less than one year: _____

How long have you lived in Orange County? _____ In North Carolina?

Auto Insurance Carrier: _____ Insurance Exp. Date: / / Date Verified: _____

Family Status: Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

Spouse's Name: _____

Names and ages of children in your home _____

Emergency Contact Person: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell: _____

Employer: _____ Your Position: _____

EDUCATION (Indicate schools, majors, degrees): _____

Why are you interested in volunteering as a mentor? _____

Please list any experience working with youth; (i.e. church, scouts, etc.). Include dates.

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

The Volunteers for Youth Volunteer Mentor Program requires that adult volunteers matched with youth fulfill a minimum of two (2) hours per week commitment for one year. Please list any extenuating circumstances that would prevent you from fulfilling the required time commitment.

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

Have you ever been convicted of a misdemeanor or felony other than traffic offenses? _____

If yes, state offense and date of conviction _____

Have you ever been convicted of a traffic offense? If yes, dates:

List three references (not relatives) who have known you for at least one year.

1. Name: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Email: _____

2. Name: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Email: _____

3. Name: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Email: _____

I certify that all information on this application is true to the best of my knowledge. I understand that any false statements or withheld information will be reason to disqualify me from serving as a mentor volunteer.

I give my permission to the coordinator of this program to contact the references listed above. I also understand that a criminal background check will be conducted. Furthermore, I authorize the coordinator to inquire about my previous/present volunteer and work experience. I understand and agree that a negative reference may result in my not becoming a Volunteers for Youth mentor.

Signature: _____

Date: _____