



United Way of Youngstown  
and the Mahoning Valley



# Promising Men Mentorship Program For 5<sup>th</sup> and 6<sup>th</sup> Grade Boys Mentor/Volunteer Application Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(please print)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Phone: \_\_\_\_\_ (Cell) \_\_\_\_\_ (Home)

E-Mail Address: \_\_\_\_\_

Days Available: \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
Saturday \_\_\_\_\_ (one Saturday/month)

Do you object to our agency running a background check on you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**(NOTE: Submitting to a background check is a requirement to serve as a Mentor for this program.)**

**Have you had a background check performed in the past year?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**There is not a background check requirement to serve as a volunteer for this program.)**



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Please list three people you would like to use as character references.

Name \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please list previous work or volunteer experiences with young people, length of time and age of child(ren) (i.e. Scouts, Church, Community, etc.): \_\_\_\_\_

Please list any special skills, certifications, talents, hobbies or interests: \_\_\_\_\_

Why do you want to be a mentor? \_\_\_\_\_

Motivation for Mentoring:

\_\_\_\_\_ I have an interest in teaching \_\_\_\_\_ I know a mentor \_\_\_\_\_ I am a Parent/Have a child

\_\_\_\_\_ I see a need for mentors \_\_\_\_\_ I saw an ad about the program \_\_\_\_\_ Word of mouth

\_\_\_\_\_ Someone asked me to be a mentor \_\_\_\_\_ Religion/Faith \_\_\_\_\_ Other

\_\_\_\_\_ I belong to a group/organization that is participating in the program

I hereby certify that the aforementioned statements are true and correct to the best of my knowledge. I hereby grant the agency permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application or for immediate suspension of the practical or volunteer experience.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Terms of Mentorship/Volunteering

1. Attend a one-hour orientation session and two-hour mentor training session, which will prepare you to work as mentor/volunteer, and provide ideas and activities.
2. Attend all scheduled staff meetings and trainings.
3. Attend ALL mentoring activities (one day per week plus one Saturday per month) unless extenuating circumstances.
4. Consent to a mid-year and final evaluation, completed by the program coordinator.
5. Follow all school and agency policies, rules, and procedures.
6. Be professional at all times.

I agree to all of the conditions stated above and do confirm that I have not, nor am I presently engaged in any activities of a criminal nature. I also grant permission to the program to check with the appropriate authorities (courts, youth agencies, and police, etc.) if necessary, upon matters of record regarding my background or history. **Please Initial:** \_\_\_\_\_



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## Confidentiality Statement

In normal course of my volunteer/mentor assignment and responsibilities, I understand that I may have access to or view information regarding clients and employees. With regard to all such information, I agree to observe the Agency's strict standard of confidentiality. I further agree that knowledge and information of a confidential nature, gained through my involvement with the Agency may not be used, distributed or discussed outside of my volunteer responsibilities.

I understand and agree that breach of such confidentiality shall subject me to disciplinary action, up to and including discharge, under the United Way of Youngstown and the Mahoning Valley policies.

I hereby attest that I have read this Confidentiality Statement and agree that my continued mentor/volunteer service is contingent upon strict adherence to same. I understand, and agree, that I will be discharged, should I violate the Agency's standard of strict confidentiality.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_