



## Fulton School Mentoring Program Volunteer Application

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Gender \_\_\_\_\_ Birth date \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Can you be contacted at work? \_\_\_\_\_ Business hours \_\_\_\_\_

Length of Employment (with current employer) \_\_\_\_\_

Education Completed: High School, College, Other (please list)

What motivated you to participate in the Fulton School Mentoring Program?

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Can you meet with a child once a week during the school year (excluding school holidays and vacations)?

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Can you meet with a student 4-5 times over the summer?

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Do you have a preference as to:

■ the age of your student mentee? \_\_\_\_\_

■ the gender of your student mentee? \_\_\_\_\_

Would you be willing to work with a Differently Challenged Child?

\_\_\_\_\_

What academic areas are you strong in?

\_\_\_\_\_

What do you like to do during your leisure time?

\_\_\_\_\_

\_\_\_\_\_

To what service or social groups do you belong?

\_\_\_\_\_

\_\_\_\_\_

Do you have a valid NYS drivers license? \_\_\_\_\_

Do you have access to reliable transportation? \_\_\_\_\_

Please list three references (**2 personal, 1 professional**) 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.

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

Signature X \_\_\_\_\_



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