



## VOLUNTEER APPLICATION

(To Be Completed)

### Personal Information

Volunteer Name (Last, First, MI): \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Ethnicity: White: \_\_\_\_ Hispanic: \_\_\_\_ African American: \_\_\_\_ Asian: \_\_\_\_ Other: \_\_\_\_

Education: \_\_\_\_\_ Grade: \_\_\_\_\_

College degree: \_\_\_\_\_

Next of Kin Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**Medical History**

Name of Primary Care Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Do you have any physical problems or limitations?

Are you currently receiving treatment for any medical issues?

Are you currently on any type of medication? If so, please specify.

Do you have any known allergies or adverse reactions to medications? If yes, please describe them below:

Do you have any emotional issues or problems right now?

Are you currently seeing a counselor or therapist?

Therapist's Name: \_\_\_\_\_



**Please read this carefully before signing:** O Lord appreciates your interest in becoming a volunteer. This application is intended as a means of informing and gaining the consent of the volunteer.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if you have been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match you with a child as an appropriate mentor. Therefore, the O Lord staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

**Please initial each of the following**

\_\_\_\_\_ I give my informed consent and permission to participate in the O Lord Mentoring Program and its related activities.

\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation on my part may result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I hereby acknowledge that I may transport his/her mentee and/or O Lord staff or representatives while participating in the O Lord Mentoring Program, and that such transportation is voluntary and at my own risk.

\_\_\_\_\_ I release O Lord of all liability of injury, death, or other damages to me, family, estate, heirs, or assigns that may result from participation in the program, including but not limited to transportation, and hold harmless any O Lord mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_\_ (optional) I agree to allow O Lord to use any photographic image while participating in the mentoring program. These images may be used in promotions or other related marketing materials.



I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Contact and Information Release Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

X \_\_\_\_\_

Signature

\_\_\_\_\_

Date

## CONTACT AND INFORMATION RELEASE

(To Be Completed by the Volunteer)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

I authorize O Lord to obtain any needed information regarding my driving record and criminal history.

Further, I understand that basic information about myself will be anonymously (without names) shared with a prospective mentee(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, other relevant information will be shared with the mentee to the extent it aids in facilitating a successful match.

X \_\_\_\_\_

Signature

Date

Name: \_\_\_\_\_

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