

Volunteer Application

We greatly appreciate your interest in volunteering. The safety and well-being of our students is our first priority. Because of this, we have a responsibility to complete appropriate checks on the suitability of any new volunteer who will be working directly with a student. All information will be kept strictly confidential, and will be used with professional discretion.

We trust that you understand the importance of these measures, and we thank you for your willingness to make a positive difference in the lives of others.

Date of Application _____

Name _____
Last First Middle

Address _____
Street City State Zip

Date of Birth ____/____/____ Age ____ Social Security Number ____ - ____ - ____

Home Phone _____ E-mail Address _____

Work Phone _____ Cell Phone _____

How do you prefer to be contacted? _____

Occupation _____ Employer: _____

Can you provide your own transportation? ____ Do you have a valid driver's license? ____

Driver's license number _____

Do you have auto insurance? ____ If you are interested in being a student/community based mentor, would you be willing to transport your mentee on occasion? _____

Name of Insurance Company: _____

(If you are willing to provide transportation, please provide copies of Drivers License and proof of Car Insurance)

References

Please list three references of people you have known for at least a year and who know you well. Please list people who can address how you relate to others and/or how you follow through with commitments. If you are employed, one reference should include a supervisor. High school applicants should include a parent/guardian and a teacher or school staff person. Information will be kept confidential.

1. Name: _____ Relationship to you: _____

Address: _____
Street City State Zip Code

Phone: (____) _____ Length of acquaintance: _____

2. Name: _____ Relationship to you: _____

Address: _____
Street City State Zip Code

Phone: (____) _____ Length of acquaintance: _____

3. Name: _____ Relationship to you: _____

Address: _____
Street City State Zip Code

Phone: (____) _____ Length of acquaintance: _____

Are you bilingual? _____ If yes, what languages do you speak? _____

Please describe any special training, skills, interests, or hobbies:

Do you have any physical or mental health issues that would limit or impact your mentoring/ally participation? Yes _____ No _____

If so, please explain:

Have you ever been convicted of or pled guilty to a criminal offense, or are there any criminal charges or proceedings pending against you? Yes _____ No _____

If so, please explain:

Have you ever been the subject of a child abuse investigation? Yes _____ No _____

If so, please explain:

Do you have current or past problems with drugs or alcohol use? Yes _____ No _____

If so, please indicate how you resolved these problems:

I acknowledge and agree that I am not obligated if called upon to perform the volunteer services herein applied for and that Project Connect are not obligated to assign or seek to assign me to a volunteer position.

I certify that the information I have provided on this form is current and true to the best of my knowledge.

I authorize the Des Moines Independent Community School District (DMICSD) staff to contact the references listed on the application form and to conduct whatever investigation it may deem necessary to determine if I can become an effective mentor. I understand that as part of the matching process, additional personal information will be elicited from me by the Project Connect program staff.

I authorize and release from liability any third person(s) who provide the DMICSD with any information, including their opinions, regarding my character and fitness for volunteer activities.

Signature

Date