

GIRLS' HAVEN MENTOR APPLICATION

Personal Information

Name: _____ DOB: _____ SS#: _____

Married Single # of Years Married: _____ Race: _____

Spouse's Name: _____ DOB: _____ SS#: _____

Address: _____ City: _____ St: _____ Zip: _____

Home Telephone:(____) _____ Work Telephone: (____) _____

Length of Residency in Community: _____ Yrs. _____ Mon.
(If less than 1 year at current address give previous address below)

Previous Address: _____ City/State/Zip: _____

Employment Information

Employer: _____ Position: _____ How Long: _____ Yrs. _____ Mos.

Address: _____ City/State/Zip: _____

May We Contact You Here? Yes No

Spouse Employer: _____ Position: _____ How Long: _____ Yrs. _____ Mos.

Education

GED High School Diploma Can You Show Proof? YES NO

Undergraduate College: _____ Degree/Major: _____ Grad. Date: _____

Graduate School: _____ Degree/Major: _____ Grad. Date: _____

Other Certifications or Licenses

Type: _____ Cert #. or Date: _____

Type: _____ Cert #. or Date: _____

Type: _____ Cert #. or Date: _____

Volunteer/Mentoring History *(Include all work with children; add pages if necessary)*

1. Agency Name: _____ Contact Person: _____

Phone: _____ Starting Date: _____ Ending Date: _____

Summary of Volunteer Work Performed: _____

2. Agency Name: _____ Contact Person: _____

Phone: _____ Starting Date: _____ Ending Date: _____

Summary of Volunteer Work Performed: _____

References

Please include three [original] letters of recommendation from your listed references with your application.
Family is not included.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Signature of Person Making Request

Date

Received by: _____ Date: _____

Background check information form

Name: (Full Name)

Social Security#: _____

Driver's License# and State Issued:

Date of Birth: _____

Address:

County: _____

Phone#: _____

State born in: _____

Height: _____

Weight: _____

Eye color: _____

Hair Color: _____

Race: _____

Attach copies of Driver's License and Social Security Card

CONFIDENTIALITY AGREEMENT

Any and all information I receive whether obtained by:

1. direct contact with residents, potential residents, staff, volunteers, and/or board members
2. any information from meetings, staffings, personal/professional visits,
3. any information from a conference, fundraiser, committee meeting or social event,
4. a child's residential records, school records, or treatment plans,

**WILL BE HELD IN STRICT CONFIDENCE IN ORDER TO PROTECT THE RIGHTS
OF ALL GIRLS.**

I, hereby agree by signing below, that I have read this document, and understand its full meaning. I promise to adhere to the confidentiality agreement described above.

Signature

Date

TRANSPORTATION AGREEMENT

I understand that if I drive as a part of my employment or volunteer service, I will maintain a valid driver's license and the state required automobile insurance coverage.

Signature

Date

