

Mentor Application

We appreciate your interest in becoming a mentor. The information in this application will help us to match you with a youth participant in our program and will be kept confidential.

Date: _____

Name: _____

Address: _____

City: _____

Zip Code: _____

Ethnicity: _____

Gender: Male / Female

Date of Birth: _____

Age: _____

E-Mail: _____

Home Phone: _____

Cell Phone: _____

Family (circle one): Single Married Divorced Separated

Name of Spouse: _____ Children: _____

How did you find out about The Dunafon Family Foundation (circle one)?

Church Mentor Website Board/Staff Program Participant Other

Would you agree to have us check your name through federal and state criminal records of child abuse and neglect proceedings (circle one)? Yes No

Social Security Number: _____ (Required for police check)

Do you have a valid Drivers License? Yes / No If yes, exp. Date: _____ State: _____

Do you have current vehicle insurance as required by Colorado law? Yes / No

Work Details:

Occupation: _____ Company: _____

List any special interests, skills or hobbies you have:

List examples of any prior volunteer experience:

What motivates you to take an interest in at-risk youth?

List three people who can serve as a character reference for you.

Name: _____

Address: _____

City: State: Zip: Phone: _____

Relationship: _____

Name: _____

Address: _____

City: State: Zip: Phone: _____

Relationship: _____

Name: _____

Address: _____

City: State: Zip: Phone: _____

Relationship: _____

The Dunafon Family Foundation reserves the right to accept or decline volunteers based on the information gathered. For reasons of confidentiality The Dunafon Family Foundation will not share this information or reasons of denial with any applicant.

I certify that the information I have supplied is correct to the best of my knowledge. I give my permission to contact the references provided and to complete a background check and a release of my motor vehicle records.

Signature: _____ Date: _____