

MENTORSHIP

VOLUNTEER APPLICATION

Remember who BELIEVED in you.

The Boys and Girls Club and your school district believe that the path to success for all students starts with strong and lasting connections from a circle of invested adults. Thank you for giving of your time to improve your community!

MENTOR INTERESTS

Have you before mentored a child or adult _____ If so, describe _____

Is there a certain circumstance or age group that you prefer to mentor? _____

What times are you available to mentor? For how long? _____

VOLUNTEER'S NAME

Male / Female

Address _____

Home Phone _____

Date of Birth _____

Email _____

Preferred contact method: _____

Vehicle

Year _____

Make _____

Model _____

Plate# _____

State _____

Licence

ID # _____

Emergency Contact

Name _____

Address _____

Home Phone _____

Cell _____

Work _____

Email _____



EMPLOYMENT AND EDUCATION HISTORY

PRESENTLY EMPLOYED:

____ Full time ____ Part time ____ Self Employed ____ Military

PRESENTLY UNEMPLOYED:

____ Retired ____ Homemaker ____ Unemployed ____ Volunteer elsewhere

CURRENT OR MOST RECENT EMPLOYER:

____ Title: _____

Start Date _____ End Date _____ Phone _____

EDUCATION: Highest grade completed:

____ College Graduate ____ Some College ____ High School/GED ____ No diploma

College / University _____ Major _____

BACKGROUND CHECK

NOTE: Some convictions will disqualify an applicant from volunteering with OHuddle. For Mentor applicants,

"We rise
by lifting
others."

—Robert Ingersoll

With questions, CONTACT

LYNETTE DUPLAIN,

OHuddle Executive

Administrative Assistant

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Mail to: PO Box 1296

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REFERENCES

Name _____ Title _____
Address _____ City _____ State _____
Zip _____ Phone _____ Years Known _____

Name _____ Title _____
Address _____ City _____ State _____
Zip _____ Phone _____ Years Known _____

SAFETY & CONDUCT STANDARDS

OHuddle requires staff, volunteers, and clients to adhere to the following safety and conduct standards while serving as an agent of OHuddle:

- It is the responsibility of the applicant to be mindful of your own physical limitations / restrictions
- Smoking and use of tobacco products is prohibited while serving as an agent of OHuddle
- BCI / FBI checks are mandatory and required for permission to serve as an agent of OHuddle
- Termination or legal action may result from: improper use of property, violation of safety or health rules, sexual or unwelcome harassment, working under the influence of substance, improper language / disrespectful or unethical conduct.
- OHuddle student information is confidential and may not be shared without record release and executive director permission.

CONFIDENTIALITY PLEDGE

I, a volunteer at OHuddle, understand the nature of mentorship service is confidential. I agree to the following:

- I will never reveal the identity of an OHuddle student
- I will never take records / paperwork away from the school without Executive Director permission
- I will not release any information concerning clients of OHuddle without wpermission of the Executive Director and a signed parental record release.
- I will maintain client information in a confidential manner in the event that I am no longer a volunteer.

Further, I understand that a breach in my confidentiality constitutes grounds for immediate termination as a volunteer. I have had the opportunity to discuss confidentiality with the Executive Director of OHuddle and understand that I may ask further questions about confidentiality as they arise.

Signature _____ Date _____

WAIVER / LIABILTY RELEASE

I, an applicant at OHuddle understand that, if selected as a volunteer, my position may be ended by OHuddle or myself at any time without cause or notice. I also understand and agree that I am not being offered employment at OHuddle as a contingency or with promise of employment. I also agree to hold OHuddle and it's associates harmless in the event that I am injured as a result of my own willful actions or negligence while volunteering with OHuddle.

Signature _____ Date _____