**Volunteer Application**

**Mill City Mentors**, Inc.is a non-profit, youth serving agency designed to assist children and teens from the Greater Lowell area, which includes the following towns: Ashby, Ayer, Billerica, Carlisle, Chelmsford, Dracut, Dunstable, Groton, Littleton, Lowell, Pelham, Pepperell, Shirley, Tewksbury, Townsend, Tyngsboro, and Westford.

Mill City Mentors does not discriminate on the basis of race, religion, national origin, income, gender, sexual orientation, age, or physical limitations.

**Please complete the application and return it to:**

**By Mail: Community Teamwork Inc.,**

**Mill City Mentors**

**17 Kirk St**

**Lowell, MA 01852**

**By Email:** [**ebanks@commteam.org**](mailto:ebanks@commteam.org)

**By Fax: 978-654-5071**

**For Questions: 978-654-5612**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | | | First: | | | | | M.I. | | |
| Address:  (Street) (City) (State) (Zip) | | | | | | | | | | | |
| Gender: ☐Male ☐Female | | | Date of Birth: | | | | | Social Security Number\*:(\*if you prefer, you may provide at a later date) | | | |
| Cell Phone: | | | Alternate Phone: | | | | | | | | |
| Employer: | | | Address of Employer: | | | | | | | | |
| Job Title: | | | | | Length of Employment: | | | | | | |
| Work Phone: | May we call at work: ☐YES ☐NO | | | | | | | | | Work Hours: | |
| Email: | | | | | | | | | | | |
| Highest Level of Education: | | | | | | | Ethnicity: | | | | |
| Marital Status: ☐Single ☐Married ☐Divorced ☐Separated ☐Domestic Partner ☐Widowed ☐Engaged | | | | | | | | | | | |
| Do you have a driver’s license?  ☐YES ☐NO | | If yes, state of issue and #: | | | | | | | | | Exp. Date: |
| Have you ever applied before to be a mentor?  ☐YES ☐NO | | | | | | If yes, where and when: | | | | | |

**References**

**Please type or print information requested for four references and indicate who each reference is: 1) your current or past employer who has known you for at least 1 year; 2) a close family member (spouse/domestic partner/family member) who has known you for at least 3 years; 3) a co-worker, friend, or neighbor who has known you for at least 2 years; and 4) a co-worker, friend, or neighbor who has known you for at least 1 year.**

|  |  |
| --- | --- |
| 1. Direct supervisor’s name (or teacher if student): | Years known: |
| Day Phone #: | Email: |
| 1. Spouse/Domestic Partner/ Family Member (circle one): | Years known: |
| Day Phone #: | Email: |
| 1. Coworker/Friend/Neighbor (circle one): | Years known: |
| Day Phone #: | Email: |
| 1. Coworker/Friend/Neighbor (circle one): | Years known: |
| Day Phone #: | Email: |

**I understand that: (Please Initial Each Section)**

1. **The references I listed may be contacted by mail, telephone, or email. \_\_\_\_\_\_\_\_\_\_**
2. **The information I provided may be used to conduct a background check, to include driving records checks, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth. \_\_\_\_\_\_\_\_\_**
3. **I understand that if I give false information to the agency, I will not be accepted (or continue) as a volunteer. \_\_\_\_\_\_\_\_\_\_**
4. **The MCM agency is not obligated to match me with a youth and may stop the application process at any point. \_\_\_\_\_\_\_\_\_\_**
5. **Other mentoring agencies or youth organizations where I worked or volunteered may be contacted as references. \_\_\_\_\_\_\_\_\_\_**
6. **As part of the enrollment process, I will be asked to provide additional personal information prior to any recommendations for assignment. \_\_\_\_\_\_\_\_\_\_**
7. **I understand the confidential statements I make to staff will be deemed confidential and private and will not be revealed to anyone outside the agency, unless required by law. \_\_\_\_\_\_\_\_\_\_**
8. **I understand that because of the confidential nature of the screening process, representatives of MCM will not disclose to me reasons or sources for their decisions regarding my acceptance or rejection as a volunteer. \_\_\_\_\_\_\_\_\_\_**
9. **I agree to allow staff and media representatives to take my photograph at MCM events. I understand that my name, photographs, and videos may be used to promote the mission of MCM. \_\_\_\_\_\_\_\_\_\_**

**Signature Date**