



Mentor one child.
Change two lives.

A program of
Green Chimneys

185 Main Street □ Danbury, CT 06810
(203) 790-0032 □ (203) 790-6411 fax □ www.good-friend.org

SCHOOL- BASED VOLUNTEER APPLICATION

Name: _____
Last First (full) Middle Maiden

Address: _____
& Street City State Zip Code

School Phone: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail: _____

Best way & time to contact you: _____

Social Security # _____

Birth date: _____ Age: _____ Sex: _____ Race: _____ Marital Status: _____

If a Resident College Student: Major: _____ Class Standing: Fr / So / Jr / Sr

Permanent (home) Address: _____ City _____ State: _____

College/University: _____ Permanent Phone # _____

Permanent E-mail (if different than above): _____

Family Status : (*check one*): Two parent One parent Foster Living Independently

Employer: _____ Business Address: _____

Work Hours: _____ Work phone: _____

How long employed? _____ Can you be contacted at work? _____

Previous Experience Working with Children: *Paid*: _____

Volunteer: _____ *Personal*: _____

Please list three references over the age of 18 who have known you for more than two years. ***Do not include more than one family member. (If applicant is a High School Student, reference listing must include one parent)**

1) _____
Name Relationship to you

Mailing Address/Zip Code

Phone Number E-Mail

2) _____
Name Relationship to you

Mailing Address/Zip Code

Phone Number E-Mail

3) _____
Name Relationship to you

Mailing Address/Zip Code

Phone Number E-Mail

What motivated you to participate in the Good Friend School-Based Mentoring Program? _____

Tell us about your special skills/talents & academic strengths: _____

With what organizations are you affiliated?

School: _____ Civic: _____

Recreational: _____ Religious: _____

Other (please specify): _____

Would you be willing to work with a special needs child? _____

I am available to volunteer afternoons on: Mondays Tuesdays Wednesdays Thursdays

Driver's License? **yes no** A car? **yes no** If no do you have access to transportation? _____

I hereby authorize Good Friend to do a police record check.

Signature: _____ Date: _____

If you are under 18, this does not apply to you.

Statement of Understanding and Information Release

I hereby authorize Good Friend a program of Green Chimneys, referred to in this release as Good Friend, to secure any information that they deem necessary for me or from medical, employment, educational, military, law enforcement, and any other sources to evaluate my potential as a volunteer. I understand that this information may be disclosed to the teacher and school personnel of any child considered as a possible match. The primary responsibility of Good Friend is to act in the best interest of the children enrolled in the program. The applicant agrees that the volunteer/child relationship and/or the applicant's affiliation with this organization may be terminated at any time, for any reason, at the sole discretion of Good Friend. Good Friend will report to the appropriate legal authorities child abuse of any type involving program participants and will take any other appropriate actions consistent with the organization's duties and obligations.

The undersigned (person applying) acknowledges and agrees that (1) he or she is not obligated if called upon to perform volunteer services herein applied for (2) the agency does not discriminate against any applicant regardless of race, creed, gender, religious affiliation, sexual preference, disability, or ethnic origin (3) the agency is not obligated to assign or seek to assign applicant a child; (4) he or she understands that the information provided during the application process will be presented to agency program staff confidentially and that their decision to accept or not accept him or her as a volunteer is based on all the information presented and the Agency Staff's decision is final and (5) all the information attained by Good Friend shall remain property of the agency and is deemed confidential.

Applicant Signature: _____

Date: _____

Mentor Agreement

If enrolled as a volunteer for the School Based Mentoring Program:

I agree to be on time for scheduled meetings, read and sign the agency Confidentiality Policy, notify the agency of changes in school, employment, address, and phone number. To adhere to school visitor policies as explained, and to participate in a program evaluation. I understand that as a volunteer mentor, I will be matched to a boy or girl and will commit to at least **two hours a week for the entire school year**. I agree that visits with Littles will ONLY take place at the pre-assigned elementary school, after school site or community center site. I will not be permitted to take the child off assigned grounds at any time. I understand that phone contact with Little in between visits and during school breaks is permitted only with signed parental permission as received by the agency.

Applicant Signature: _____

Date: _____

If applicant is a High School Student parent/guardian must also sign agreement

Parent/Guardian's Signature: _____