



JUST FOR YOUTH, INC  
6400 Baltimore National Pike Suite 173 • Baltimore, MD 21228  
(443) 768-4108 • Fax (410) 247-2041

### Volunteer Application

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Gender \_\_\_\_ Race \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Can we contact your present employer? Yes \_\_ No \_\_

Can you be contacted at work? Yes \_\_ No \_\_ Business Hours \_\_\_\_\_

Length of Employment (with current employer) \_\_\_\_\_

Education Completed: High School    College    Other (explain) \_\_\_\_\_

School Information (name, address, phone number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What motivated you to participate in the Just For Youth, Inc. mentors program?

\_\_\_\_\_

*"Developing youth today, with a future tomorrow!"*

\_\_\_\_\_  
\_\_\_\_\_

Can you meet with a child once every two weeks during the school year? \_\_\_\_\_

Would you be willing to work with a Challenged Child? \_\_\_\_\_

What do you like to do during your leisure time? \_\_\_\_\_

\_\_\_\_\_

To what service or social groups do you belong?

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If so please

explain \_\_\_\_\_

\_\_\_\_\_

Do you object to the agency running a criminal background check on you? \_\_\_\_\_

Please list three references who have known you for more than one year. Print complete names, addresses, telephone numbers, and relationship for people you authorize us to contact who would evaluate your qualifications as a volunteer. **Do not include more than one family member.**

1) Name: \_\_\_\_\_

Mailing Address/ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2) Name: \_\_\_\_\_

Mailing Address/ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Relationship to you: \_\_\_\_\_

3) Name: \_\_\_\_\_

Mailing Address/ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### **Mentor Agreement**

As a volunteer for the In-School Mentoring Program, I agree to the following:

- To attend a training session before beginning.
- To be on time for scheduled meetings.
- To notify the agency or school office if I am unable to keep my weekly meeting.
- To engage in the relationship with an open mind.
- To accept assistance from my mentee's teacher.
- To keep discussions with my mentee confidential.
- To ask for assistance when I need help with my mentee.
- To notify the agency of changes in my employment, address, and phone number.

Signature \_\_\_\_\_

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