



Mentoring Children of Incarcerated Parents.

230 Diamond Spring Rd. • P.O. Box 563 • Denville, NJ 07834

973.784.4900 x 114 • 973.784.4909 (fax)

breakthecycle2009@gmail.com

Volunteer Mentor Application

(Please Print)

PART I

Full Name: _____
(Last) (First) (Middle)

Address: _____

Telephone: _____ Email: _____

Years at this address? _____ Previous Address (if less than 2 years)

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Sex: _____ Marital Status: _____

PART II

Emergency Contact

Name: _____ Phone: _____

Address: _____

Relationship: _____

Physician

Name: _____ Phone: _____

Address: _____

What is your method of transportation? Car ___ Bus ___ Bike ___ Other: _____

What county do you prefer to work in? Warren ___ Sussex ___ Morris ___ Hunterdon ___

Passaic ___ Essex ___

Previous or Current Employer? _____

Initial Here: _____



Updated September 18, 2009

NORWESCAP
Northwest New Jersey Community Action Program, Inc.

PART III

Please provide one family reference and two professional references. The professional references should be an employer, former employer, or person to whom you report in the workplace. Please be sure to give complete mailing and email addresses.

Family

Name: _____ Phone: _____

Address: _____

Email: _____

Professional

Name: _____ Phone: _____

Address: _____

Email: _____

Professional

Name: _____ Phone: _____

Address: _____

Email: _____

PART IV

Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violation)? Yes No If yes, please explain. _____

Print Name: _____

All information provided to this agency will be held in the strictest confidence.

I hereby authorize any law enforcement agency, employers, other organizations or persons indicated above to furnish information as to my character and experience. I hereby authorize Break the Cycle to conduct a thorough background check on my suitability for service as a volunteer. I understand and agree that it is critical to the mission of this organization that all employees and volunteers conform to the highest of safety and personal conduct.

Signature

Date



Updated September 18, 2009



PART V

Describe any experience you have had working with youth. _____

Why do you want to volunteer with Children of Incarcerated Parents? _____

Please tell us about yourself: Interests, hobbies, volunteer experiences, and any other information which may help us know you better. _____

Do you speak any languages other than English? ____ Yes ____ No

If yes, which language(s)? _____

PLEASE READ CAREFULLY BEFORE SIGNING:

Our program appreciates your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You agree to allow our program to confirm all information listed and to conduct a federal and state criminal records check.

I have read and understood the program’s rules, regulations, and responsibilities for becoming a mentor. If selected & matched I will follow the rules of the program and be a dedicated mentor. I agree to the time commitment of one year.

Signature

Date



Updated September 18, 2009

Beneficiary for RSVP Volunteer Resource Center Insurance

Name: _____ Relationship: _____

Address: _____

Phone: _____

Excess Automobile Liability Insurance:

As an RSVP Volunteer, I, _____ understand that if I use my personal automobile for related activities, including commuting between my residence and work station, I will arrange to keep in effect Automotive Liability Insurance equal to the minimum limits required by my State. I understand that excess Automobile Liability Insurance will be provided by RSVP. I will also maintain a current and valid drover’s license.

Signature

Date

License and Insurance Information: Please provide the following:

Auto Insurance Company: _____ Exp: _____

Auto Insurance Policy#: _____

Driver’s License #: _____ State: _____

Background Checks: This volunteer opportunity will require a background check. You will receive paperwork to complete before you begin to volunteer.

Reporting Timesheets Hours: Timesheets/Hours are due by the 10th of the following month that they are performed. After you have been matched you will receive paperwork explaining the different ways you can report your hours.

Certification: This enrollment must be signed by the volunteer. By signing this enrollment you are stating that all of the information provided is true to the best of your knowledge and that you understand that confidentiality will be maintained.

Volunteer Signature

Date

Program Director

Date



Updated September 18, 2009

