

# Heavenly Touched Community Center VOLUNTEER APPLICATION

\_\_\_\_ Verified by ID

\_\_\_\_ Staff Initials \_\_\_\_ Date

## Print or type responses:

Full Legal Name \_\_\_\_\_

Gender: ☐ Female ☐ Male Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ethnicity \_\_\_\_\_  
First Middle Initial Last  
Mo. Day Year

Mailing address \_\_\_\_\_

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

E-mail \_\_\_\_\_

Preferred Contact Number ☐ Home Phone ☐ Cell Phone ☐ Work Phone

Phone Numbers Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ May we contact you at work? ☐ Yes ☐ No

## Education completed:

High School ☐ Other ☐ \_\_\_\_\_

2-year degree in \_\_\_\_\_ School \_\_\_\_\_

4-year degree in \_\_\_\_\_ School \_\_\_\_\_

Advanced degree(s) in \_\_\_\_\_ School \_\_\_\_\_

How was the Program brought to your attention? \_\_\_\_\_

What motivated you to apply to the Program? \_\_\_\_\_

Will you be able to meet at least once a month? ☐ Yes ☐ No

What are your hobbies, special skills, or other interests? \_\_\_\_\_

What do you like to do in your leisure? \_\_\_\_\_

What other affiliations (e.g., service or volunteer organizations) do you have? \_\_\_\_\_

What do you hope to gain from the mentoring experience? \_\_\_\_\_

What do you hope your mentee gains from the mentoring experience? \_\_\_\_\_

Do you have prior mentor experience? ☐ Yes ☐ No If yes, please explain: (Program Name & Dates)

How many youth would you like to mentor? ☐ 1 ☐ 2

Mentors often have a particular set of experiences to share, please help us achieve the best possible match by specifying if you would like to mentor a student from a specific cultural background (if available)? ☐ Yes ☐ No

If yes, what cultural background? \_\_\_\_\_

Is there a particular youth you would like to mentor? ☐ Yes ☐ No

If yes, name \_\_\_\_\_ High School \_\_\_\_\_

Why? \_\_\_\_\_

Are you willing to have a background check on you, including fingerprints? ☐ Yes ☐ No

List three people (non family members) who can serve as character references for you.

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ For \_\_\_\_\_ years.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ For \_\_\_\_\_ years.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

(3) Name \_\_\_\_\_ Relationship \_\_\_\_\_ For \_\_\_\_\_ years.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the information I have supplied is correct to the best of my knowledge. I grant permission for you to contact the references provided. I also understand and agree to the duties and requirements described in the Volunteer Duties and Requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Return to:

Program Director  
Tasha Thomas  
682-351-9975  
Pbgrock79@gmail.com