

MENTOR VOLUNTEER APPLICATION



What is Community for Youth?

Community for Youth's (CfY) mission is to inspire and support the social, emotional, and academic development of students through mentoring, learning experiences, and a powerful community.

CfY is not just a mentoring organization—we're a *community*. Based on our model of concentric circles of support, students and mentors meet weekly in a variety of group sizes, including 1-on-1, in larger workshops of 40 student-mentor matches and in small groups of 7 matches.

What's the Commitment?

Community workshops and other CfY activities take place each week on either Tuesday or Thursday from 6:00-8:30 for the duration of the academic year (September-June). You choose which night of the week works best for you!

After filling out the Application, What's next?

A Community for Youth staff person will contact you to schedule a time to discuss the program in greater detail and to learn more about your skills and interests as they relate to youth development and mentoring.

**Please fill out the below information completely. Scan and email the application to Sarahl@communityforyouth.org OR mail application to CfY's office: 999 3rd Ave, Suite 1080, Seattle, WA 98104.*

**If you have a car, you are required to send in a copy of your auto insurance and driver's license for our records.*

Personal Information:

Name _____
(Print Full Legal Name) First Middle Last

Address _____
Street City Zip Code

Date of Birth Month/Day/Year Ethnicity _____ Gender Identity _____

Veteran: YES NO

Telephone _____
Work Home Cell

**Please circle the phone number you'd like us to use to contact you*

Email _____ Do you read your email daily? YES
NO

Emergency Contact _____ Relationship _____

Address _____ Phone _____

Which day of the week works best for you? Circle one: TUESDAY THURSDAY

Do you have a personal vehicle or access to a vehicle for transporting you and your student home after events? * YES NO

**A personal vehicle is not required to be a mentor, though you are required to ensure your student has reliable, safe transportation to and from CfY activities.*

Employer Information:

Name of employer (company) _____

Address _____
Street City Zip Code

Title/Position _____ Supervisor's Name _____

Does employer offer a corporate match for volunteer hours and/or monetary donations? YES
NO

Do you travel during the week for work (if yes, how often)?

Personal References:

Please list two persons in Seattle area (if possible), *other than relatives*, who have known you for at least two years and know you well enough to vouch for your character and/or your ability to work with youth.

1. Name _____ Relationship _____

Telephone _____ Email _____
work home

2. Name _____ Relationship _____

Telephone _____ Email _____
work home

Driving Information:

Driver's License Number _____ State _____

Current automobile insurance company _____

Please provide Community for Youth with a copy of your automobile insurance and a copy of your driver's license.

Accident record for the past five years:

1. _____	YES	NO	_____
Date		Were you at fault?	Injuries
Nature of accident (head-on, rear-end, etc.)			

2. _____	YES	NO	_____
Date		Were you at fault?	Injuries
Nature of accident (head-on, rear-end, etc.)			

Traffic convictions (moving violations only) for the past five years:

1. _____	_____	_____	_____
Location	Date	Infraction	Penalty

2. _____	_____	_____	_____
Location	Date	Infraction	Penalty

Have you EVER been denied a license, permit, or privilege to operate a motor vehicle? YES NO

Has any license, permit, or privilege ever been suspended or revoked? YES NO

Special Certificates:

Please list any special certificates (CPR, Medical Certificate, Defensive Driving, First Aid, Food Handlers Permit) and expiration dates.

_____	_____	_____	_____
Certificate	Expires	Certificate	Expires

Criminal History:

Have you ever been convicted of a misdemeanor or a felony? YES NO

If yes, please explain _____

Please list all prior States of residence _____

Community for Youth Policy:

It is the policy of Community for Youth that no one shall be discriminated against or suffer harassment on the basis of race, color, sex, religion, sexual orientation, age, disability, national origin, citizenship, veteran status, or any other reasons prohibited by law. Everyone is welcome to apply and will be considered without regard to the above mentioned discrimination.

APPLICANT/VOLUNTEER DISCLOSURE FORM

Effective January 11, 1988, Chapter 486 of Washington State Law requires that all prospective non-certified employees who may have unsupervised access and those volunteers who will have regularly scheduled unsupervised access to children under sixteen years complete and sign this disclosure statement. The law also provides that the School District may request a background investigation through the Washington State Patrol Criminal Identification Division.

Please Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follow: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distribution erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future.

ANSWER _____ IF YES, EXPLAIN BELOW:

2. Have you ever been found in any dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER _____ IF YES, EXPLAIN BELOW:

3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER _____ IF YES, EXPLAIN BELOW:

4. Have you ever been found by the final decision of any disciplinary board or of the Department of Licensing to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER _____ IF YES, EXPLAIN BELOW:

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: _____ Date: _____

Mentor-related questions: Note: This information helps Community for Youth better understand what you want/need for a fulfilling experience – there are no right/wrong responses.

Why do you want to mentor with Community for Youth?	

List any topics you'd like more information or resources on related to youth development and mentoring.	

What experience and training do you have working with youth?	

What does a commitment to racial and social justice mean to you, in the context of the work CfY does?	

Are you able and willing to follow through with a weekly commitment to CfY on either Tuesday or Thursday from 6:00-8:30 for the duration of the academic year?

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Mentor Contract

**Initialing below indicates that you have read, understand and commit to the following*

	I commit to attending every weekly CfY activity to the best of my ability.
	If I cannot attend a CfY activity, I will notify CfY staff and my student 24 hours beforehand.
	I commit to participating in monthly check-in calls with CfY staff.
	I commit to respecting the confidentiality of all CfY participants.
	I commit to actively working to create a supportive, safe space for all students and mentors in my community.
	I authorize Community for Youth to use my name, likeness, written and/or spoken word, photos and video footage of me, in any media whether known or unknown in perpetuity, so that I can assist Community for Youth to do the work they do.
	I understand it is the policy of Community for Youth that no one shall be discriminated against or suffer harassment on the basis of race, color, sex, religion, sexual orientation, gender identity age, disability, national origin, citizenship, veteran status, or any other reasons prohibited by law. All parts of mentors, students and staff are welcomed and accepted.

The undersigned authorizes Community for Youth to contact references and to conduct background checks with the Washington State Patrol and the U.S. Department of Justice National Sex Offender Database.

This application was completed by me and all entries are true and correct to the best of my knowledge.

Applicant's signature _____ Date _____

Thank you for your interest in Community for Youth! We look forward to working with you.