



VOLUNTEER MENTOR APPLICATION

Attached Resume Preferred but not Required

First Name:		Last Name:		MI:
Date of birth:	SSN:	Drivers License/ID #:		
Mailing address:				
City:	State:	ZIP Code:		
Home Phone:	Cell Phone:	Other Phone:		
Email Address (please print legibly):				

SKILLS AND EMPLOYMENT HISTORY

Current Occupation:		Current Employer:		
Supervisor's Name:		Supervisor's Phone:		
Highest Level of Education Completed:	<input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> B.S., B.A., Assc. <input type="checkbox"/> Masters <input type="checkbox"/> PhD, MD			
High School Attended:		College Attended:		
List any current or past volunteer involvement:	Date(s)	Organization	Type of work	

Please list any special skills or talents you may want to contribute to the program:

Do you speak a language other than English? No Yes, Please specify _____

TRANSPORTATION/HOUSEHOLD INFORMATION

Do you own, or have reliable use of car? <input type="checkbox"/> yes <input type="checkbox"/> No	Do you hold current liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed	

Please list other persons living in your household (children and adults)

Name	Age	Gender	Relationship to You
1.			
2.			
3.			
4.			

REFERENCES OTHER THAN FAMILY MEMBERS

Name	1.	2.	3.
Telephone			
Address(w/zip)			
Email:			

AVAILABILITY

Date available to begin mentoring:

Would you be interested in learning about other volunteer opportunities at Change Happens!? Yes No, not at this time.

SIGNATURE



VOLUNTEER MENTOR APPLICATION

By signing below I agree that all information included in this application is true and verifiable. I understand that by completing this form I am requesting participation as a volunteer mentor. I understand that the minimum time commitment expected of mentors is 3-4 hours per month depending on assignment for 1 calendar year. ***Applying does not guarantee admission into the program.***

Signature of Applicant: _____ Date: _____

Please submit completed application by:
FAX: 713-651-8045 Attn: Mentoring Program
EMAIL: mentoring@changehappenstx.org
OR
US MAIL: 3353 Elgin Street Houston, TX 77004
Attn: Mentoring Program

AUTOMOBILE LIABILITY INSURANCE AGREEMENT
(ATTACH PROOF OF INSURANCE-COPY)

I certify that I am currently maintaining Motor Vehicle Liability Insurance, as required by Texas Law. In the event such insurance is terminated or canceled for any reason, I agree to promptly notify Change Happens! (formerly FUUSA), in writing. I further agree not to operate a motor vehicle in connection with my activities as a mentor until such insurance is reinstated.

Signature of Applicant _____ Date _____

CRIMINAL BACKGROUND CHECK

Your signature below acknowledges that you have read and understand that a criminal history investigation will include inquiries into police records, and/or other criminal records as required by law. You understand that you may be discharged or denied volunteer status if you have been convicted of a felony offense involving moral turpitude.

Complete the information below.

Full Name (print) _____

Signature _____

Date of Birth _____

Driver's License # _____ State _____

Social Security # _____

Current Address _____

City, State, Zip _____

Male _____ Female _____ Race _____



The above data (i.e. race, gender, and birth date will not be used for volunteer purposes, but is required for identification for the criminal background check. A report showing a record of conviction will not automatically eliminate you from volunteer consideration, but it may do so. The nature and date of the offense and its relationship to the volunteer position for which you are applying will be considered.

I authorize the release of any information regarding my criminal history or background to Change Happens! (formerly FUUSA) and/or their authorized representative (Leslie Smith II).

Signature of Applicant

Date

Authorized Representative

Date

Mentoring Program Referral Form

I am interested in having a Mentoring Program presentation at my **company/business**.

Contact Name: _____
Contact Number: () _____ - _____
E-mail Address: _____
Company/Business Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

I have **friends or family members** that may be interested in the mentoring program.

Name: _____
Relation to You: _____
Contact Number: () _____ - _____
E-mail Address: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Thanks so much for your referral. ©