



BronxConnect is a ministry of Urban Youth Alliance, Intl.

VOLUNTEER APPLICATION

APPLICANT: _____

DATE: _____

Please mail, fax, or deliver to BronxConnect at:

*PO Box 617 (mailing address)
Bronx, NY 10451
(718) 402-6872 (phone)
(718) 402-6879 (fax)*

*Street Address:
432 E. 149th St., 2nd floor
(between Melrose Ave. & Courtlandt Ave.)
Bronx, NY 10455*

Personal Information

Name: _____
Last First MI

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Street Address: (if different) _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Fax: (____) _____ - _____ Other Phone: (____) _____ - _____

Email: _____ Social Security #: _____ - _____ - _____

Date of Birth: ____ / ____ / ____ Drivers License # and State: _____
(if you have one)

Will you be driving during any activities / outings? Yes No
(you must notify BronxConnect staff if this status changes)

Auto insurance provider: _____ Type of coverage: _____

Employment History (or attach résumé):

Occupation: _____ Length of time on job: ____ Yr ____ Mo

Employer: _____

Immediate Supervisor: _____

Job History (starting with most recent)

1. Company Name: _____ Dates Employed: ____ / ____ / ____ - ____ / ____ / ____

Address: _____ Reason for leaving: _____

2. Company Name: _____ Dates Employed: ____ / ____ / ____ - ____ / ____ / ____

Address: _____ Reason for leaving: _____

3. Company Name: _____ Dates Employed: ____ / ____ / ____ - ____ / ____ / ____

Address: _____ Reason for leaving: _____

Educational History:

Education (please give name of school and degree earned):

High School: _____

College: _____

Vocational: _____

Adv. Degree/s: _____

If currently attending school, give name and year of expected graduation:

Personal:

Racial Background:

African _____

Latino _____

African-American _____

Caucasian _____

Asian-American _____

Other _____

Caribbean _____

Language(s) Applicant is Fluent: _____

What are your interests and hobbies?

Are you able to instruct or design activities in any of these areas? If so, which ones?

Family Status (check all that apply):

Single ____ Married ____ Separated ____ Divorced ____ Live w/ Parent(s) ____

If married, number of years: _____

Spouse's Name: _____ Occupation:

Do you have children? No ____ Yes ____ how many? _____ their ages?

Please list your places of residence for last 10 years: 1. _____

_____	_____	_____	_____
	City / State / County	Time Period	
2. _____	_____	3. _____	_____
City / State / County Period	Time Period	City / State / County	Time

Do you anticipate any changes in work, residence or marital status in the next year? Y
 N

If yes, please explain:

Health / Emergency Information:

Do you have any health concerns or physical limitations that may affect how you are able to mentor? If yes, please explain the nature of the concerns.

What ailments, conditions (i.e. asthma, heart disease, allergies, etc.) do you have that emergency services should be alerted to in case of accident or crisis? (This will be kept confidential and is only requested for your safety)

Emergency Contact Person: _____ Phone #:

Conviction Record: (Please note a formal background check will be conducted on all applicants)

Have you ever been convicted of any type of child abuse or sexual abuse? Y
 N

- Please note that **NO** applicants with any history of child or sexual abuse will be accepted as mentors.

Have you ever been convicted of a crime? Y
 N

If so, please list dates, charges of which you were convicted:

Do you currently have any criminal charges pending against you? Y
 N

If so, please describe them.

Are you currently on parole or probation? Y
 N

Experience with Youth and Mentoring:

Have you worked or volunteered with high risk youth? No ____ Yes ____ Please describe:

Have you worked or volunteered with incarcerated persons? No ____ Yes ____ Please describe

Motivation / Background

Please describe your interest in becoming a volunteer. What experiences and/or characteristics do you think will assist you as a volunteer? What do you hope to accomplish here?

Please write a short description of yourself, including any statement(s) of faith, background information, personal strengths and weaknesses (as you perceive them), and anything else that you find important in understanding who you are.

References

Please list the names, addresses, and phone numbers of three (3) persons who can vouch for your responsibility, capability, and character in performing the functions necessary to be a BronxConnect mentor. Please only list persons who have known you for over two years. Please include the following:

- *1 Leadership Reference: a person in leadership who knows you well.*
- *1 Work Supervisor Reference: your employer if employed full time. If unemployed, can be someone who knows you in another working environment (ex. school teacher, volunteer supervisor, etc.)*
- *1 Personal Reference: someone who knows you closely, BUT please do not list relatives.*

BronxConnect will contact these persons. Please list accessible individuals.

LEADERSHIP

Name: _____ Relationship: _____

Address: _____, _____

Phone: (H) (_____) _____ - _____ (W) (_____) _____ -

WORK SUPERVISOR

Name: _____ Relationship: _____

Address: _____, _____

Phone: (H) (_____) _____ - _____ (W) (_____) _____ -

PERSONAL, non-family

Name: _____ Relationship: _____

Address: _____, _____

Phone: (H) (_____) _____ - _____ (W) (_____) _____ -



Urban Youth Alliance, Inc.

PO Box 617 · Bronx, NY 10451-0617

(Phone) 718.402.6872 · (Fax) 718.402.6879

(e-mail) bronxconnect3@aol.com

UNDERSTANDING / WAIVER / AUTHORIZATION / RELEASE

Training Urban Youth Since 1970

I understand that, if I become a volunteer mentor with the BronxConnect program, I will be working with court-involved youth in need of guidance and counseling. I agree to hold and respect the confidences of the youth, and not to discuss such confidences outside of the program, except in response to a lawful demand or to ensure the safety of myself, the youth, or the community, and to hold confidential any information received from BronxConnect staff about the youth or his or her family.

I understand that the guidelines for the BronxConnect program do not permit out-of-state or overnight activities with the participating juvenile or youth without the prior written permission of a parent or guardian, and that such guidelines may include other restrictions imposed by a court or otherwise. I agree to familiarize myself with and abide by all such guidelines and restrictions.

I understand that neither the BronxConnect program nor sponsoring congregations nor other participating sponsors provide auto insurance coverage for volunteers. I will inform the BronxConnect program as changes occur in my driving status, insurer's name, or insurance coverage.

I hereby waive, release, absolve, indemnify and agree to hold harmless the BronxConnect program and the sponsoring congregation and agency(ies), their respective officers, directors, advisors, employees, mentors, volunteers, sponsors and agents, as to any claims arising out of injury to me, whether the result of negligence or any other cause.

I hereby authorize BronxConnect, a project of Urban Youth Alliance, Inc. to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, country, state, or federal laws. This information will include, but not be limited to, allegations regarding and convictions for this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed on the application, I have not been found guilty of, or entered a plea of *nolo contendere* or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of *nolo contendere* or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

I further attest that, except as I have disclosed on the application or informed BronxConnect staff directly, I have not been judicially determined to have committed abuse or neglect of a child, nor, except as disclosed, do I have a confirmed report of child abuse, neglect, or exploitation which has been uncontested or upheld administratively under the laws of this state or any other state.

I certify that all of the information contained in this application is accurate and complete.

Signed: _____ Date: _____

Printed Full Name: _____