

PERSONAL INFORMATION

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last	First	Middle Initial

Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	Apt#	City	State	ZIP Code

Contact Info

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone #	Cell Phone #	Email Address

Additional Info

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Security #	Drivers License # (if you have one)

Will you be driving during any mentoring activities/outings?

Yes No

*You must notify BronxConnect staff if this status changes

Auto Insurance Provider & Type of Coverage

CHURCH/COMMUNITY INVOLVEMENT

Church/Community Organization Info

<input type="text"/>	<input type="text"/>	<input type="text"/>
Church/Organization Name	Pastor/Leader	Denomination

<input type="text"/>	<input type="text"/>
Full Address	Phone #

Your Involvement (Please include leadership responsibilities and hours of involvement each week)

<input type="text"/>	<input type="text"/>
	# of Years Attending

EMPLOYMENT HISTORY (or attach resume)

Current Job

<input type="text"/>		<input type="text"/>	
Company		Full Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Direct Supervisor	Time on the Job	

Previous Jobs

1	<input type="text"/>	<input type="text"/>	
	Company	Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Start/End Dates of Employment	Reason for Leaving		
2	<input type="text"/>	<input type="text"/>	
	Company	Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Start/End Dates of Employment	Reason for Leaving		
3	<input type="text"/>	<input type="text"/>	
	Company	Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Start/End Dates of Employment	Reason for Leaving		

EDUCATION HISTORY

School & Degree Earned

<input type="text"/>	<input type="text"/>
High School	College
<input type="text"/>	<input type="text"/>
Vocational	Adv. Degree/s

Currently Attending? (Please provide school name and expected graduation date)

PERSONAL BACKGROUND

Race (Check all that are applicable)

- African
- African-American
- Asian-American
- Caribbean
- Caucasian
- Latino
- Other (List below)
-

Languages Applicant is Fluent in

Interests & Hobbies

Ability to instruct or design activities in any of the above? If so, which ones?

Were you ever enlisted in the armed forces?

- Yes No

If yes, which branch

Family Status

- Single
- Separated
- Married
- Divorced # of Years

Spouses Info

Name

Occupation

Children

- Yes No

of

Ages

Residence (Please list your places of residence over the last 10 years)

1	<input type="text"/>	<input type="text"/>
	City/State/Country	Time Period
2	<input type="text"/>	<input type="text"/>
	City/State/Country	Time Period
3	<input type="text"/>	<input type="text"/>
	City/State/Country	Time Period

Do you anticipate any changes in work, residence or marital status within the next year? (If yes, please explain)

HEALTH/EMERGENCY INFORMATION

Do you have any health concerns or physical limitations that may effect how you mentor? (Please explain)

What ailments, conditions do you have that emergency services should be alerted to in case of accident or crisis?

Emergency Contact

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Name/Relation

Phone #

CONVICTION RECORD

Have you ever been convicted of child or sexual abuse?

Yes No

Are you currently on parole or probation?

Yes No

*NO applicants will be accepted as mentors if you have been

Have you ever been convicted of a crime? (If so please list dates and charges of which you were convicted)

Do you currently have any criminal charges pending against you? (If so please explain)

YOUTH & MENTORING EXPERIENCE

Mentored before? (Please describe)

With high risk youth? (Please describe)

With incarcerated people? (Please describe)

MOTIVATION/BACKGROUND

What about you will assist you in being a mentor? What do you hope to accomplish as a mentor?

Please provide a short description of yourself. (Statements of faith, strengths/weaknesses, and anything that makes you who you are.)

REFERENCES (Please list the contact info of (3) individuals who can vouch for your ability to become a BronxConnect mentor.)

Pastoral/Community Organization Leadership (A person within a leadership role at your church and knows you well.)

Name	Relationship
Address	Phone #

Work Supervisor (Your current employer. If unemployed, someone who knows you in another work environment. For example a teacher, supervisor, etc.)

Name	Relationship
Address	Phone #

Personal (Someone that is close to you, but is NOT A FAMILY MEMBER)

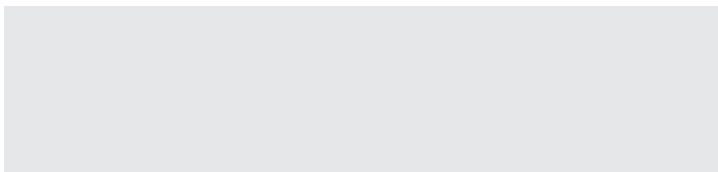
Name	Relationship
Address	Phone #

UNDERSTANDING / WAIVER / AUTHORIZATION / RELEASE

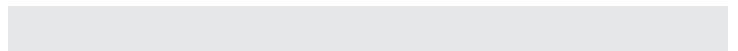
- 1) I understand that, if I become a volunteer mentor with the BronxConnect program, I will be working with court-involved youth in need of guidance and counseling. I agree to hold and respect the confidences of the youth, and not to discuss such confidences outside of the program, except in response 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.
- 2) 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.
- 3) 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.
- 4) 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.
- 5) 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.
- 6) 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.
- 7) 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.

SIGN OFF

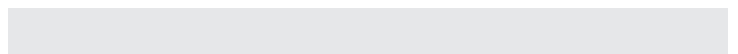
I certify that all of the information contained in this application is accurate and complete.



Signature



Date



Print Full Name