



## Volunteer Application

This application will help us match you with a program/activity that fits best. Clearly print your responses below.  
Esteem Teens does not share application information with third party members.

### Contact Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt./Ste. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

### Employment

Name/address of employer \_\_\_\_\_  
Work phone \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail address \_\_\_\_\_

### Educational Background

Some high school	Graduate/professional school
High school graduate	Technical school
Some college	College graduate
Other (please specify) _____	

### Volunteering Availability

Please check the day(s) and time(s) you are available for volunteering:

Monday	Tuesday	Wednesday	Thursday	Friday
Daytime	Evening	Long-term	Short-term	One-time

### Volunteering Preference(s)

In what capacity are you interested in volunteering? (Check all that apply.):

<b>Program Volunteer</b>	<b>Research Assistance</b>	<b>Administrative Support</b>
<b>Mentoring</b>	<b>Technology/Web Support</b>	
Elementary-aged youth		
Teens		
<b>Other</b> _____		

### Statements of Understanding

Initial the two statements below:

\_\_\_\_\_ I understand that the mentor program involves spending a minimum of one hour every week for the academic year with an assigned youth.

\_\_\_\_\_ I understand that I will be required to complete the mentor program orientation and at least two training sessions during the year.

Yes No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

Yes No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in the above question?

**Experience**

Briefly describe any work or volunteer experience in the following areas:

**Working with Youth**

**Special Events (Planning or Assistance)**

\_\_\_\_\_  
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**Connecting to Esteem Teens**

How does Esteem Teens' Mission and Vision relate to your interest in volunteering here?

\_\_\_\_\_  
\_\_\_\_\_

**Other Information**

Is there anything else we should know about you, your experience and your interest in supporting Esteem Teens?

\_\_\_\_\_  
\_\_\_\_\_

**References**

Please list four references (please include at least one family member, one personal friend and one work reference):

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_\_  
Phone number \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_\_  
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Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_\_  
Phone number \_\_\_\_\_  
Relationship \_\_\_\_\_

In making this application to be a volunteer, I understand that Esteem Teens performs criminal background checks of all volunteers for the position of mentor for which I am applying. This check may be done on me if I sign below. If I fail to sign, it may be grounds for rejecting me as a mentor.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail completed forms to:  
Esteem Teens, Volunteer Opportunities, P.O. Box 23143, Richmond, VA 23223  
or Fax to: (804) 864-2258  
[www.esteemteens.org](http://www.esteemteens.org)

**Thank you!**

**Optional Information:**

1. Social Security number (needed for criminal record checks): \_\_\_\_\_

2. Birth date (needed for record checks): \_\_\_\_\_

3. Do you prefer working with a particular grade level (approximate ages are in parentheses)?

K-3 (ages 5-8)

Grade 4 (age 9)

Grade 5 (age 10)

Grade 6 (age 11)

4. Do you prefer working with a Girl Boy No Preference

5. Do you prefer working with a quiet, reserved child? Yes No No Preference

6. Do you prefer working with an outgoing child? Yes No No Preference

7. Do you prefer working with a student from a specific racial/ethnic group? Yes No No Preference

If yes, please specify: \_\_\_\_\_

8. Do you speak a foreign language? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

9. Please list any hobbies or interests you may have: \_\_\_\_\_

10. What would you like to do with a mentee? \_\_\_\_\_

11. What clubs or groups, if any, do you belong to? \_\_\_\_\_

12. My favorite subject in school was \_\_\_\_\_

13. My least favorite subject in school was \_\_\_\_\_

14. Please put an X by the activities you enjoy the most:

\_\_\_ Playing sports such as \_\_\_\_\_

\_\_\_ Watching sports such as \_\_\_\_\_

\_\_\_ Writing

\_\_\_ Reading

\_\_\_ Listening to music such as \_\_\_\_\_

\_\_\_ Photography

\_\_\_ Attending plays

\_\_\_ Going to the movies

\_\_\_ Arts and crafts

\_\_\_ Visiting zoos and parks

\_\_\_ Visiting museums

\_\_\_ Using computers

\_\_\_ Playing games

\_\_\_ Cooking

\_\_\_ Exploring possible careers

\_\_\_ Hiking and seeing nature

\_\_\_ Other \_\_\_\_\_

15. What qualities would you like in a mentee? \_\_\_\_\_

16. What individual has served as a role model for you? Why? \_\_\_\_\_

17. If you could recommend one book for your mentee to read, what would it be?

\_\_\_\_\_