

GOODWILL GOODBRIDGES MENTOR APPLICATION

SECTION I: PERSONAL INFORMATION

Date: _____

Social Security Number _____ / _____ / _____

(This is needed for a criminal background check to be processed.)

LAST NAME FIRST NAME FULL MIDDLE NAME SUFFIX

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE CELL PHONE

PRIMARY E-MAIL ADDRESS ALTERNATE E-MAIL ADDRESS

Date of Birth: _____ Gender: Female Male

(OPTIONAL) Current Driver's License Number: _____ State: _____

Goodbridges Mentoring Program Staff may request proof of auto insurance and copy of driver's license at the time of enrollment.

Race/Ethnicity:

- American Indian/Alaskan Native Hispanic or Latino (of any race) Other/Multiracial
 Asian Native Hawaiian/Pacific Islander
 Black/African American White/Caucasian

What is your educational background? (Please choose one)

- Some High School College Graduate
 High School Graduate Graduate/Professional School
 Technical School Other (Please specify): _____
 Some College

EMPLOYER INFORMATION

NAME OF EMPLOYER JOB TITLE TYPE OF WORK

STREET ADDRESS

CITY STATE ZIP CODE

SECTION II: ALTERNATE/EMERGENCY CONTACT INFORMATION

LAST NAME	FIRST NAME	FULL MIDDLE NAME	SUFFIX
STREET ADDRESS			
CITY	STATE	ZIP CODE	
DAYTIME PHONE	EVENING PHONE	CELL PHONE	
PRIMARY E-MAIL ADDRESS		DATE OF BIRTH (OPTIONAL)	

SECTION III: MENTOR'S PERSONAL INTERESTS

What days of the week are you currently available to mentor? (Check all that apply.)

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is the best time for you to mentor? (Check all that apply.)

- Mornings Afternoons Evenings Weekends

What do you like to do in your free time? Please select all that apply.

- Sports and Physical Activities: _____
Examples: Baseball, basketball, hockey, football, golf, karate, soccer, softball, swimming, tennis, etc.
- Computers/Media: _____
Examples: Computer games, computer programs, hard/software, web surfing, social networking (MySpace, Facebook, Twitter, etc.)
- Social Activities: _____
Examples: Shopping, hanging out with friends, going to the movies or other social areas, attending sports events, traveling, etc.
- Arts, Crafts and Culture: _____
Examples: Music (singing, rapping, producing, playing, writing, etc.), writing/performing poetry/spoken word, reading, scrap-booking, cooking, baking, etc.
- Working/Entrepreneur: _____
- Education/Learning: _____
- Community Service: _____
- Other Activities: _____

SECTION IV: APPLICATION QUESTIONS

- 1. Explain why you want to become a mentor. _____

- 2. Do you have any previous experience volunteering or working with female offenders? Please specify. _____

- 3. What do you feel are the strengths you can bring to this program?

- 4. Within the past five years, have you been convicted of any felony or misdemeanor? Yes No
(Affirmative response does not necessarily disqualify you from participation.)
If yes, please explain: _____

SECTION V: PERSONAL AND PROFESSIONAL REFERENCE

Please list three references (please include at least one work reference):

1- FULL NAME		RELATIONSHIP		
ADDRESS		CITY	STATE	ZIP CODE
DAYTIME PHONE	EVENING PHONE		CELL PHONE	
2 - FULL NAME		RELATIONSHIP		
ADDRESS		CITY	STATE	ZIP CODE
DAYTIME PHONE	EVENING PHONE		CELL PHONE	

3 - FULL NAME

RELATIONSHIP

ADDRESS

CITY

STATE

ZIP CODE

DAYTIME PHONE

EVENING PHONE

CELL PHONE

SECTION VI: CERTIFICATION AND AUTHORIZATION

If you agree to become a mentor, you will be asked to agree to the below basic requirements. Please initial each statement below:

_____ I understand that the Goodbridges mentoring program involves spending a minimum of four hours per month for one year from the time I'm matched with an offender.

_____ I understand that I will be required to complete orientation and training prior to being matched with a mentee and periodic in-service trainings.

_____ I understand and authorize Goodbridges mentoring program to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in the Goodbridges Mentoring Program. ***I provide permission for Goodbridges to conduct the same investigation of my background in previous states in which I have resided. (NH Dept. of Safety, Division of State Police Criminal Record Release Authorization Form is attached to this application.)

_____ I understand that information about me, after approved into the Goodbridges mentoring program, will be anonymously (without my name) shared with a prospective mentee(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity may be shared with the mentee to ensure and aid in facilitating a safe and successful match relationship.

_____ I understand that final authorization/approval for visiting a correctional facility rests with the NH Dept. of Corrections.

*****Please list any other cities, states, and dates of residency during the past 10 years.**

CITY STATE FROM (month/year) TO (month/year)

CITY STATE FROM (month/year) TO (month/year)

CITY STATE FROM (month/year) TO (month/year)

CITY STATE FROM (month/year) TO (month/year)

SECTION VII: CONFIDENTIALITY ACKNOWLEDGEMENT

If you agree to become a mentor, you will be asked to adhere to the follow confidentiality statement:

I acknowledge that during my volunteer service as a mentor through the Goodbridges mentoring program I will come in contact with propriety and confidential information regarding the Goodbridges mentoring program, and information pertaining to the person that I am mentoring. I agree that I will not share or divulge any confidential and/or proprietary information regarding the Goodbridges mentoring program or families involved in the program while I am active in the Goodbridges mentoring program and after I leave the program.

Initials: _____

SECTION VIII: SIGNATURE

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

SIGNATURE

DATE

Confidential Volunteer Application

Please complete all questions. If you need additional space, attach a supplemental sheet. Sign and date the completed application. Please use black or blue ink.

General Information		
First Name / Middle Name / Last Name		Date of Application
Present Address (Street, City, State, Zip)	Daytime Telephone	Evening Telephone
Contact Address if different from present (Street, City, State, Zip)	Email	Birth Date (if under 18)
Emergency Contact Name	Emergency Contact Number(s)	
Have you ever been convicted of or pleaded no contest to a crime? <small>(Please note that conviction of a crime does not automatically disqualify you. A criminal conviction will be considered only in relation to the position for which you are applying. Seriousness and nature of the offense, time elapsed, and rehabilitation will be taken into account.)</small>		
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain: _____		
For Positions in Human Services:		
Have you ever been investigated for abuse, neglect, or exploitation by an adult protection agency?		
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain: _____		
Volunteer Preference		
Volunteer Task Preference		Date available to start
Location Desired	<input type="checkbox"/> Regular Volunteer <input type="checkbox"/> Court Mandated <input type="checkbox"/> As Needed <input type="checkbox"/> Community Service <input type="checkbox"/> ASPIRE <input type="checkbox"/> Intern	
How many hours per week are you available to volunteer?	Hours you are available <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	When are you available Weekends <input type="checkbox"/> YES <input type="checkbox"/> NO Holidays <input type="checkbox"/> YES <input type="checkbox"/> NO Rotating Shifts <input type="checkbox"/> YES <input type="checkbox"/> NO
References <small>Please provide at least two professional or personal references (NO RELATIVES)</small>		
Name	Nature of Relationship	E-mail Address and/or Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

All hiring decisions are based on nondiscriminatory factors without regard to race, color, religion, sex, national origin, disability or status as a Vietnam era veteran or special disabled veteran. In addition, Goodwill Industries of Northern New England engages in affirmative action efforts, where appropriate, to employ, train and promote qualified minorities, women, the disabled and Vietnam era and special disabled veterans.

Record Check Consent & Release

Goodwill Industries of Northern New England ("GINNE") requires, as a condition of volunteering, and/or continued volunteering, that all applicants consent to and authorize a criminal record check, as well as a verification of the information submitted on their application and resume.

Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purposes of volunteering is true and complete to the best of my knowledge. I understand that if I am volunteering, any false statements will be considered as cause for possible dismissal.

I understand that these records checks may include, but are not limited to Driver's License, Criminal Record, and Professional Practitioners Licensing. My signature on this form authorizes GINNE to obtain information from any law enforcement agency, court and/or other records source. My signature further authorizes GINNE to investigate any matter deemed relevant to my suitability to work directly with persons receiving services at GINNE.

This authorization and release acknowledges that GINNE may now, or at any time while I am volunteering, contact personal references provided and receive any criminal history record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency and/or other information as deemed necessary to fulfill the requirements of the position.

I have read and understand this authorization and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide GINNE with all information that may be requested.

To the extent allowed by law, I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release. Further, I do hereby agree to forever release and discharge GINNE and its associates from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

I agree that any copy of this document is as valid as the original.

Please print clearly.

Position applied for: _____ Date of Birth: ____ / ____ / ____

State & Driver's License Number: _____

Full Name (Include all names used; past and present): _____

Current Address (Street, City, State, Zip): _____

Previous Addresses (Street, City, State, Zip) for the past 3 years: _____

Have you ever been convicted or pleaded no contest to a crime? YES NO

If YES, please explain: _____

(Please note that conviction of a crime does not automatically disqualify you from volunteering. A criminal conviction will be considered only in relation to the assignment for which you are applying. Seriousness and nature of the offense, time elapsed, and rehabilitation will be taken into account.)

I have read and understand this request for information, and agree to release such persons and organizations and GINNE from any legal liability as a result of providing such information.

**I hereby certify that all the information provided is complete and accurate
and that I have read the items listed above and agree to these terms in their entirety.**

SIGNATURE OF APPLICANT

DATE

Thank you for completing this application and for your interest in Goodwill Industries of Northern New England.

Please return all completed applications to the address on other side.

